

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR INTRAOSSEOUS BASIVERTEBRAL NERVE ABLATION**

Applies to: Commercial - HMO  POS  PPO  Medicare Advantage

Network list: <https://wa-provider.kaiserpermanente.org/communications/letters>

**Effective January 28, 2024**, Kaiser Foundation Health Plan of Washington (Kaiser Permanente) will review requests for Intraosseous Basivertebral Nerve Ablation using CMS criteria.

### **Explanation of the change:**

Due to an update in CMS coverage guidance effective January 28<sup>th</sup>, 2024, Kaiser Permanente will review Medicare requests for Intraosseous Basivertebral Nerve Ablation against the new Local Coverage Determination (LCD) L39644 to determine medical necessity.

The new Intraosseous Basivertebral Nerve Ablation LCD can be found at the following website:

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39644&ver=6&keyword=radiofrequency&keywordType=starts&areaid=s44&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

Clinical review criteria can be found on the Kaiser Permanente provider website at:

<https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/basivertebral-nerve-ablation.pdf>

### **Is prior authorization required?**

- Medicare Advantage: Prior authorization is required.

Questions: Contact Provider Assistance Unit at 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

**Kaiser Foundation Health Plan of Washington**  
**Kaiser Foundation Health Plan of Washington Options, Inc.**

<CONTRACT MANAGER NAME>

Provider Communications, RCR-A3W-04

PO Box 34262, Seattle, WA 98124-1262



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