MINUTES NGS MEETING 8/3/2026

Present: Dr. Gina Mullen, Elevance Health
Dr. Vishnu Potini, Elevance Health
Dr. Olatokunbo Awodele, Elevance Health
Alicia Barling, Elevance Health
Paulette Delia, Elevance Health
Crystal Bennett, Elevance Health
Dr. Robert L. Tiso, NYSIPP
Dr. Edward Rubin, NYSIPP

Subject: NGS LCD Intraosseous Basivertebral Nerve Ablation

1. Definition of Behavioral Evaluation as mandated in LCD: Pts with depression (BDI > 24) were excluded from BVN studies. In general we agree that pts with profound depression will not respond to most interventions but that does not mean that a full psychological evaluation should be necessary. They agreed that a depression inventory (BDI, PHQ-9, etc) should suffice with score well documented.
2. Definition of "multidisciplinary evaluation" as mandated in LCD: This typically means 2 or more providers as they explained. Dr. Potini mentioned that "Non-surgical management" modalities should be meticulously documented which normally would include visits with physical therapists, chiropractors, opinions from spine surgeons, as well as failed injection modalities, home exercise, and pharmacotherapy. This statement should include and document interactions with these providers and that should suffice.
3. Osteoporosis and DEXA scanning: The LCD mentions a T-score < 2.5. It is NOT necessary to perform Bone Density Testing. Rather if there is a preexisting diagnosis (from DEXA scanning, fragility fractures, etc), then that patient would not be a candidate.
4. Imaging: If an MRI cannot be performed, then the reason should be well documented (pacemaker, etc) with CT findings consistent with end plate abnormalities, ALONG WITH H&P findings consistent with vertebrogenic pain as primary diagnosis.
5. Exclusions because of incidental MRI findings (stenosis, HNP, spondylolisthesis, HNP, etc): We explained that almost ALL MRIs demonstrate significant abnormalities; most of which are entirely asymptomatic. The key here is that these findings should NOT correlate with "predominant physical complaints" secondary to these abnormalities. Again, the MRI findings with correlative physical complaints should establish vertebrogenic pain as the primary diagnosis.