



# New York Society of Interventional Pain Physicians

April 22, 2026

Attention: Robert Westergan, MD  
Antoine Jones, MD

NYSIPP  
1991 Marcus Ave, M217  
Lake Success, NY 11042  
(516) 492-3100  
NYSIPP.org

Subject: Reconsideration for Intraosseous Basivertebral Nerve Ablation (BVNA) Coverage

Sudhir Diwan MD  
CEO

Dear Dr. Westergan & Dr. Jones:

Karina Grisenko, MD  
President

On behalf of the New York Society of Interventional Pain Physicians (NYSIPP), we respectfully request that eviCore reconsider its current classification of Intraosseous Basivertebral Nerve Ablation (BVNA) as investigational for the treatment of chronic vertebrogenic low back pain.

Hemant Kalia MD  
President Elect

Neel Mehta MD  
Vice President

BVNA is a minimally invasive, targeted treatment designed for a well-defined subset of patients with chronic vertebrogenic low back pain, identified by Modic 1 or type 2 endplate changes on MRI. This patient population is often among the most difficult and costly to treat. BVNA offers a significant opportunity to improve both pain and function in individuals who have exhausted conservative therapies. FDA Indications for the procedure are as follows:

Edward Rubin MD  
Treasurer

Vinay Puttannah, MD  
Secretary

*Past Presidents:*  
Robert Tiso MD  
Kenneth Chapman, MD  
Christopher Gharibo, MD  
Brian Durkin, MD  
Edward Rubin, MD

- Chronic Low Back Pain for > 6 months
- Failed conservative treatment > 6 months.
- MRI demonstrating Modic changes in the L3 – S1 vertebral bodies (MRI that demonstrates endplate changes, inflammation, edema, disruption and/or fissuring, fibrovascular bone marrow changes, fatty bone marrow changes)

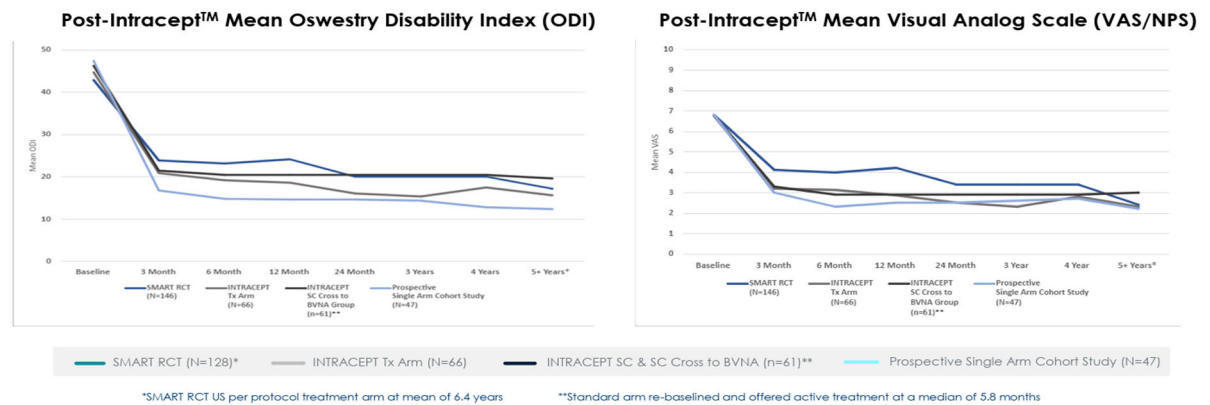
Importantly, BVNA is no longer considered an emerging technology. The initial system received FDA clearance in 2017 and has been commercially available since 2018. Since NYSIPP's prior request for coverage, the body of clinical evidence has continued to expand, further supporting the safety, efficacy, and durability of this intervention. For this year's annual review, please consider the following important publications (citations can be found in the attached bibliography and evidence summary):

- **Healthcare Utilization:**  
Pooled analysis from three prospective clinical trials demonstrates the impact of BVN ablation significantly reducing the long-term utilization of additional treatments for low back pain. Through five years post-procedure, patients with vertebrogenic pain experienced: 70% reduction in active opioid use compared to use at baseline, 65% reduction in therapeutic lumbosacral spine injections through five years. At five years, the rate of fusion surgery was low (6.5%) and less than half the published rate of 14% at 6 months<sup>1</sup> in patients with CLBP and DDD. 65% of additional pain interventions and surgeries over the 5-year follow-up were 15 performed for treatment of other pain sources.
- **Cost Effectiveness:**  
>99% PROBABILITY that basivertebral nerve ablation (BVNA) is cost-effective for vertebrogenic chronic low back pain compared to standard care alone. Primary outcome was cost-per-QALY gained, which captures both health gains

and costs associated with the treatment. At a 5-year time horizon, basivertebral nerve ablation (BVNA) relative to standard care alone produces an ICER of US\$11,376 per QALY, which is well below a \$100-150K Willingness to Pay Threshold (WTP).

- **5+ year post BVNA:**

Basivertebral nerve ablation demonstrates durable results beyond 5 years. No adverse events were reported in the long-term follow-up period. 32% of patients had complete pain relief, 47% had  $\geq 75\%$  pain reduction, and 66% had  $\geq 50\%$  improvement in NPS at five years after a single procedure. Nearly 75% of patients reported significant improvements in pain and function and opioids and therapeutic injections were significantly reduced post-procedure. These results continue to further validate previous and consistent outcomes across all Intracept studies.



- **12 Month Non-Industry Patient Outcomes:**

A reduction of 25.2 points (95%CI 16.3, 34.0) in ODI was reported at 12-month post-BVNA ( $p < 0.001$ ). Prospective cohort study of basivertebral nerve ablation for chronic low back pain in a real-world setting: 12-months follow-up. At 12-months, 67.7 % of patients demonstrated ODI improvements above the MCID (decrease of 15 points) and 77.4 % of patients demonstrated a decrease on VAS above the MCID (at least 2 cm reduction).

- **Safety Profile:**

**< 0.3% serious adverse event rate across SMART, INTRACEPT and CLBP single-arm studies through 5 years of follow-up for treatment arms**

Excerpt: 3.13. *Safety - pooled 5-year cohort Early in the post-op follow-up periods of the main studies, there were 28 non-serious device-procedure related events reported in the 473 patients treated (5.9 % of patients); the most common events were leg pain – all were mild to moderate and transient in nature, resolving within 48.5 days (median). A single serious adverse event (a vertebral compression fracture) was reported in the main SMART study and resolved without sequelae [9]. No serious device or device-procedure related adverse events were reported in this pooled long-term follow-up study.*

[REF link:](#) Khalil JG, Truumees E, Macadaeg K, et al. Intraosseous basivertebral nerve ablation: A 5-year pooled analysis from three prospective clinical

trials. *Interv Pain Med.* 2024;3(4):100529. Published 2024 Dec 13.  
doi:10.1016/j.inpm.2024.100529

- **Opioid Reduction:**  
**70% reduction in *active* opioid use from baseline to 5-years across SMART, INTRACEPT and CLBP single-arm cohort studies**

[REF link](#): McCormick ZL, Curtis T, Cooper A, Wheatley M, Smuck M. Low back pain-related healthcare utilization following intraosseous basivertebral nerve radiofrequency ablation: a pooled analysis from three prospective clinical trials. *Pain Med.* 2024;25(1):20-32. doi:10.1093/pm/pnad114

BVNA is indicated for a narrow and well-defined patient population, with strict requirements for MRI-confirmed vertebrogenic pain and failure of conservative treatment. These criteria support objective, reproducible patient selection and appropriate utilization.

From a broader policy perspective, BVNA is currently covered by multiple Medicare Administrative Contractors, including Palmetto, Noridian, and NGS (draft policy), as well as numerous commercial insurers and Blue Cross Blue Shield plans such as HCSC, Anthem, Highmark, and CareFirst. Notably, Cigna previously recognized the substantial clinical evidence supporting BVNA and maintained a positive coverage policy prior to its transition to eviCore in 2024.

In addition, InterQual, Carelon, Cohere, and Turning Point have established clinical guidelines supporting the use of BVNA. At this time, we are not aware of any utilization management organization, other than eviCore that classifies the procedure as investigational or experimental.

Many commonly covered spine interventions rely on evidence that is less targeted or less robust than the data supporting BVNA. This raises important considerations regarding consistency in evidentiary standards across treatments for chronic low back pain. Beyond state-level support, national multi-specialty societies have also endorsed BVNA. The American Society of Pain and Neuroscience (ASPN) published Best Practice Guidelines in the *Journal of Pain Research* (September 2022), assigning a Level A evidence rating using U.S. Preventive Services Task Force criteria, indicating high certainty of substantial net benefit in appropriately selected patients.

The American Academy of Pain Medicine following an independent review of all the raw data from the Relevant clinical studies and published a supplement (July 2022) to the journal *Pain Medicine*. They came to the following conclusions:

- a. Clinical Presentation: Midline LBP, pain exacerbation by physical activity, sitting, and forward flexion are factors associated with treatment success after BVN RFA.
- b. Outcomes: BVN RFA results in substantial reduction in pain and disability in the majority of those treated at 12 months, with similar long-term outcomes at 5 years.

- c. Imaging: The best radiographic indicator of vertebrogenic pain are degenerative endplates consistent with Modic type 1 or Modic type 2.
- d. Included a meta-analysis by Dr. Conger where he updated his prior systematic review (May 2021). He concludes: According to GRADE, and open label system to evaluate the quality of scientific literature, there is moderate-quality evidence that BVN RFA effectively reduces pain and disability in most patients with vertebrogenic LBP compared with sham RFA and continued standard care treatment. Conger states the evidence was downgraded from high-quality considering the potential of bias.
- e. These papers were awarded the “best clinical research award” for the Spine Intervention Society, September 2022 in Vancouver.

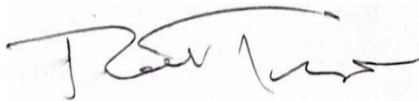
The International Society for the Advancement of Spine Surgery (ISASS) performed a systematic review including independent studies and concluded that “the utilization of intraosseous basivertebral nerve ablation to address vertebrogenic low back pain has become a recognized safe, predictable, and durable surgical method for the management of chronic axial low back pain identified using well-established clinical and MRI findings, Modic type 1 and/or type 2 changes”. The Spine Intervention Society endorsed BVNA in June 2023, and the National Association of Spine Surgeons (NASS) released its coverage recommendation for BVNA with publication February 2023.

Under eviCore’s current guidelines, patients who meet FDA indications for BVNA are left with limited treatment options, often relying on repeated injections with temporary relief, long-term medication use, or more invasive surgical procedures. BVNA provides a minimally invasive option that directly targets the underlying pain generator and may reduce the need for ongoing interventions.

Given the strong clinical evidence and consistent real-world results, we respectfully request that the guidelines be reconsidered. We would welcome the opportunity to work with eviCore’s clinical program leaders by bringing together experienced providers to review the data in depth and discuss real-world patient outcomes.

Thank you for your time and consideration. We look forward to your response.

Regards,



Robert L. Tiso, MD  
Chair, Advocacy Consortium  
Immediate Past President  
New York Society of Interventional Pain Physicians



Hemant Kalia, MD  
Vice Chair, Advocacy Consortium  
President Elect  
New York Society of Interventional Pain Physicians