



# OptaBlate<sup>®</sup>

## Basivertebral nerve ablation

### Physician<sup>1</sup>

CPT <sup>®</sup> code <sup>2</sup>	Description	Payment in office	Payment in facility	Relative value units (RVUs)			Global period
				Non-facility RVUs	Work RVUs	Facility RVUs	
<b>Ablation</b>							
<b>64628</b>	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first two vertebral bodies, lumbar or sacral	N/A	\$365	N/A	6.97	10.92	10
<b>+64629</b>	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	N/A	\$167	N/A	3.68	5.01	ZZZ

**ZZZ:** Add-on codes that must be billed with another service. The Medicare PFS payment doesn't include post-operative work ZZZ codes.

### ICD-10 diagnosis codes<sup>3</sup>

- M47.816** – Spondylosis without myelopathy or radiculopathy, lumbar region
- M47.817** – Spondylosis without myelopathy or radiculopathy, lumbosacral region
- M51.36** – Other intervertebral disc degeneration, lumbar region
- M51.37** – Other intervertebral disc degeneration, lumbosacral region
- M54.50** – Low back pain
- M54.51** – Vertebrogenic low back pain; low back pain vertebral endplate pain

## Ambulatory surgery center (ASC)<sup>4</sup>

CPT <sup>®</sup> code <sup>2</sup>	Description	Payment indicator	Multiple procedure discounting	ASC payment
<b>Ablation</b>				
<b>64628</b>	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first two vertebral bodies, lumbar or sacral	J8	Y	\$9,891
<b>+64629</b>	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	N/A	N/A	Bundled

**J8:** Device-intensive procedure; paid at adjusted rate.

### ICD-10 diagnosis codes<sup>3</sup>

- M47.816** – Spondylosis without myelopathy or radiculopathy, lumbar region
- M47.817** – Spondylosis without myelopathy or radiculopathy, lumbosacral region
- M51.36** – Other intervertebral disc degeneration, lumbar region
- M51.37** – Other intervertebral disc degeneration, lumbosacral region
- M54.50** – Low back pain
- M54.51** – Vertebrogenic low back pain; low back pain vertebral endplate pain

## Hospital outpatient<sup>4</sup>

CPT® code <sup>2</sup>	Description	Status indicator	Ambulatory payment classification (APC)	APC payment
<b>Ablation</b>				
<b>64628</b>	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first two vertebral bodies, lumbar or sacral	J1	5115	\$13,117
<b>+64629</b>	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	N	N/A	Bundled

**J1:** Hospital Part B services paid through a comprehensive APC  
**N:** Items and services packaged into APC rates

### ICD-10 diagnosis codes<sup>3</sup>

- M47.816** – Spondylosis without myelopathy or radiculopathy, lumbar region
- M47.817** – Spondylosis without myelopathy or radiculopathy, lumbosacral region
- M51.36** – Other intervertebral disc degeneration, lumbar region
- M51.37** – Other intervertebral disc degeneration, lumbosacral region
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### HCPCS II device codes<sup>5</sup>

- C1886**  
Catheter, extravascular tissue ablation, any modality (insertable)

## Note:

- “N/A” indicates that this concept does not apply or that Medicare has not developed fee schedules in those settings of care.
- CPT code 64629 has been assigned a Medically Unlikely Edit (MUE). Due to the edit, a fourth vertebral body may be denied. An appeal may be required for medically reasonable and necessary units more than the MUE.

## References

1. 2026 CMS PFS Final Rule, Addendum B (published November 3, 2025). Medicare national average physician payment rates listed in this document are based on the 11/3/25 release of the relative value file and non-qualifying APM conversion factor of 33.4009. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f>.
2. Current Procedural Terminology 2025, American Medical Association. Chicago, IL 2025. CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT®) is copyright 2025 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.
3. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) (available on CMS.gov). Codes shown are examples. Please check your local LCD or with the specific payer for diagnosis codes that support medical necessity.
4. 2026 CMS OPPTS/ASC Final Rule, Addendum AA, B and J (published November 21, 2025). <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>.
5. Healthcare Common Procedure Coding System (HCPCS) Level II codes are maintained by the Centers for Medicare and Medicaid Services.

## Indications for use

For Stryker products, refer to Indications for Use section within the Instructions for Use (IFU).

## Questions? Contact IVS reimbursement support

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## Interventional Spine

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