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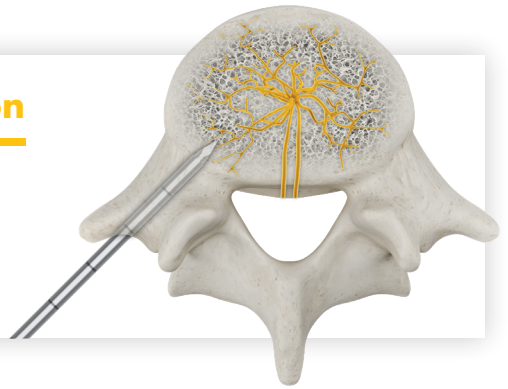
2025 reimbursement guide | basivertebral nerve ablation

OptaBlate®
radiofrequency generator system



		Physician fees[2]		Relative value units (RVUs)[2]			Hospital outpatient			Ambulatory surgery center (ASC)	
CPT code[1]	Description	Payment in office	Payment in facility	Non-facility RVUs	Facility RVUs	Work RVUs	Device codes[3]	Ambulatory payment classification (APC)[4]	APC payment[4]	ASC payment[4]	ICD-10-CM diagnosis codes[5]
Ablation											
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first two vertebral bodies, lumbar or sacral	N/A	$399	N/A	12.34	7.15	**C1889** Implantable/ insertable device, not otherwise classified	5115	$12,867	$9,524	**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
64629	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	$188	N/A	5.82	3.77		N/A	Bundled	Bundled	

References

1. Current Procedural Terminology 2024, American Medical Association. Chicago, IL 2024. CPT is a registered trademark of the American Medical Association. Current Procedural Terminology(CPT®) is copyright 2024 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.
2. 2025 CMS PFS Final Rule, Addendum B (published November 1, 2024). Medicare national average physician payment rates listed in this document are based on the November 2024 release of the relative value file and conversion factor of 32.3465. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f.
3. Device Category Codes. Medicare Claims Processing Manual, Chapter 4 Section 60.4.2
4. 2025 CMS OPPS/ASC Final Rule, Addendum AA, B and J (published November 1, 2024). https://www.cms.gov/medicare/regulations-guidance/fee-for-service-payment-regulations.
5. ICD-10-PCS and ICD-10-CM https://www.cms.gov/icd10m/versions37-fullcode-cms/fullcode_cms/P0001.html

Notes

- 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.

IVS Reimbursement Hot Line

Questions? Contact IVS Reimbursement Hot Line | **954 302 4591** | **IVS-reimbursement@stryker.com**

Interventional Spine

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