

Retired Policy

Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, Biacuplasty and Intraosseous Basivertebral Nerve Ablation

Medicare Advantage Medical Policy #008

Original Effective Date: 03/04/2024

Retired Date: 02/18/2025

Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, Biacuplasty and Intraosseous Basivertebral Nerve Ablation was retired effective 03/01/2025.

A retired medical policy is no longer active and is not utilized for coverage eligibility determination or claims processing as of the retired date.

Retired Medical Policy