



Veteran Community Care FAQ

What is Veteran Community Care?

When the VA cannot provide the care needed to a Veteran, they are able to access care through a community provider. Community care is based on specific eligibility requirements, availability of VA care, and the needs and circumstances of individual Veterans.

<https://www.va.gov/COMMUNITYCARE/index.asp>

What Are the Eligibility Criteria to Receive Care Outside of the VA?

1. Veteran needs a medical service not available at a VA Medical Facility
2. Veteran lives in a U.S. state or territory without a full-service VA Medical Facility
3. Veteran qualifies under the "Grandfather" provision related to distance eligibility for the Veterans Choice Program
4. VA cannot furnish care within certain designated access standards
5. It is in the Veteran's best medical interest
6. A VA service line does not meet certain quality standards

https://www.va.gov/communitycare/docs/pubfiles/factsheets/va-fs_cc-eligibility.pdf

Does a Veteran Need to Get Authorization Prior to Seeking Care Outside of the VA?

Yes, the Veteran needs to be referred by their VA doctor. The VA referring doctor or VA community care office can provide assistance throughout the process.

https://www.va.gov/communitycare/programs/veterans/general_care.asp

How Does a Physician Join the Community Care Network?

https://www.va.gov/COMMUNITYCARE/providers/Community_Care_Network.asp#Join

Intrasept Procedure

Is an Authorization Requires for the Physician to Perform the Intrasept Procedure?

Yes. The authorization will need to be for the lumbar spine, low back pain, or chronic pain. The procedure need to be performed within the timeframe provided in the authorization.

Is the Authorization Good for Any Physician in the Practice?

The NPI on the authorization needs to be the same as the billing NPI and the specialty of the physicians needs to be the same.

Questions:

Please address any questions to your Reimbursement Business Manager, Patient Access Team, or the VA Community Care Local Office

If you have reimbursement questions regarding the Intrasept Procedure, please contact us at:
NMDReimbursement@bsci.com

Indications for Use: The Intrasept™ Intraosseous Nerve Ablation System is intended to be used in conjunction with radiofrequency (RF) generators for the ablation of basivertebral nerves of the L3 through S1 vertebrae for the relief of chronic low back pain of at least six months duration that has not responded to at least six months of conservative care, and is also accompanied by features consistent with Type 1 or Type 2 Modic changes on an MRI such as inflammation, edema, vertebral endplate changes, disruption and fissuring of the endplate, vascularized fibrous tissues within the adjacent marrow, hypointensive signals (Type 1 Modic change), and changes to the vertebral body marrow including replacement of normal bone marrow by fat, and hyperintensive signals (Type 2 Modic change).

Contraindications - Use of the Intrasept Intraosseous Nerve Ablation System is contraindicated in: Patients with severe cardiac or pulmonary compromise, patients with active implantable pulse generators (e.g. pacemakers, defibrillators), patients where the targeted ablation zone is < 10 mm away from a sensitive structure not intended to be ablated, including the vertebral foramen (spinal canal), patients with active systemic infection or local infection in the area to be treated, patients who are pregnant, and/or skeletally immature patients (generally ≤ 18 years of age). Refer to the Instructions for Use provided with the Intrasept Procedure or www.relevant.com/intrasept/ for potential adverse effects, warnings, and precautions prior to using this product.

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

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