

Coverage Criteria Summary – Baylor Scott & White Health Plan Thermal Destruction of Intraosseous Basivertebral Nerve (BVN) for Vertebrogenic Lower Back Pain (i.e., Intracept™ Procedure)

Baylor Scott & White Health Plan (BSWHP) follows InterQual's clinical criteria for the Intracept™ Procedure. InterQual Criteria is proprietary and not publicly accessible. Providers may review the applicable criteria through BSWHP's Provider Portal or by contacting the Health Services Department at 254-298-3088 or 888-316-7947.

Prior authorization is required for the Intracept™ Procedure. Instructions for submitting a prior authorization request can be found at the following link:

<https://www.bswhealthplan.com/providers/medical#archive>

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View Boston Scientific Intracept Intraosseous Nerve Ablation System Indications, Safety, and Warnings at [bostonscientific.com/intracept-indications](https://www.bostonscientific.com/intracept-indications)

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