

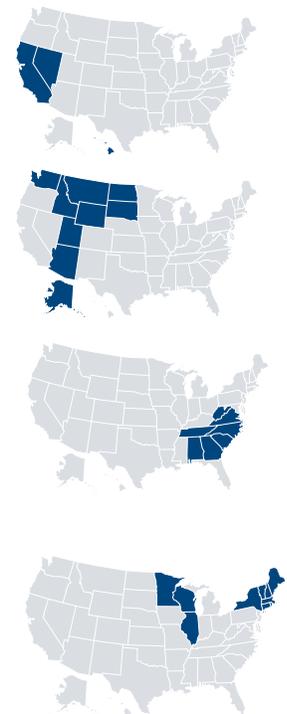


Intracapt Payer Policy Guide

Medicare Local Coverage Determinations

Some Medicare contractors publish their Intracapt™ Procedure requirements through local coverage determinations (LCD). Please check with your local contractor in the absence of an LCD. For states without an LCD, coverage is through the available local fee schedule.

STATES COVERED	LCD/LCA	LINK
Noridian JE (CA, NV, HI)	LCD #L39642 LCA #A59466	https://med.noridianmedicare.com/web/jeb/policies
Noridian JF (AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY)	LCD #39644 LCA #A59468	https://med.noridianmedicare.com/web/jfb/policies
Palmetto GBA (AL, GA, TN, SC, VA, WV, NC)	LCD #L39420 LCA #A59205	https://palmettogba.com/
DRAFT LCD	LCD	LINK
NGS (IL, MN, WI, CT, NY, ME, MA, NH, RI, VT)	LCD #DL40302	https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=40301



Payer Coverage

HEALTH PLAN NAME	COVERS THE INTRACEPT™ PROCEDURE?	POLICY EFFECTIVE DATE	LINK
Carelon	Y	07/26/25	https://guidelines.carelonmedicalbenefitsmanagement.com/interventional-pain-management-2025-07-26/
Blue Cross of Idaho	Y	04/24/25	https://providers.bcidaho.com/resources/pdfs/medical-management/Medical%20Policy%20PDF/7%20-%20Surg/07.01.572_04-24-25.pdf
BCBS of Illinois	Y	12/01/25	https://medicalpolicy.hcsc.com/disclaimer?corpEntCd=HCSC
BCBS of Kansas	Y	06/06/24	https://www.bcbsks.com/medical-policies/percutaneous-intradiscal-electrothermal-annuloplasty-radiofrequency-annuloplasty
BCBS of Louisiana	Y	06/15/25	https://www.lablue.com/-/media/Medical%20Policies/2020/08/03/17/35/-PercutaneousIntradiscalElectrothermalAnnuloplastyandPercutaneousIntradiscalRadiofrequencyAnnuloplasty.pdf

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Payer Coverage (Continued)

HEALTH PLAN NAME	COVERS THE INTRACEPT™ PROCEDURE?	POLICY EFFECTIVE DATE	LINK
BCBS of Massachusetts	Y	05/01/25	https://www.bluecrossma.org/medical-policies/sites/g/files/cspwhs2091/files/acquiadam-assets/485%20Intraosseous%20Basivertebral%20Nerve%20Ablation.pdf
BCBS of Michigan	Y	01/01/25	https://www.bcbsm.com/amslibs/content/dam/public/mpr/mprsearch/pdf/2143173.pdf
BCBS of Minnesota	Y	04/07/25	https://www.bluecrossmn.com/sites/default/files/DAM/2024-03/upcoming-policies-effective-may-6-2024.pdf
BCBS of Montana	Y	12/01/25	https://medicalpolicy.hcsc.com/disclaimer?corpEntCd=HCSC
BCBS of Nebraska	Y	03/16/21	https://medicalpolicy.nebraskablue.com/Policy/430/3
BCBS of New Mexico	Y	12/01/25	https://medicalpolicy.hcsc.com/disclaimer?corpEntCd=HCSC
BCBS of North Carolina	Y	01/01/26	https://guidelines.carelonmedicalbenefitsmanagement.com/interventional-pain-management-2025-07-26/
BCBS of North Dakota	Y	01/01/26	https://www.bcbsnd.com/providers/policies-precertification/medical-policy/content.id=z-104.c=v006
BCBS of Oklahoma	Y	12/01/25	https://medicalpolicy.hcsc.com/disclaimer?corpEntCd=HCSC
BCBS of Rhode Island	Y	04/01/26	https://www.bcbsri.com/providers/sites/providers/files/policies/2025/12/2025%20DRAFT%20Minimally%20Invasive%20Procedures%20for%20Back%20Pain.Effective.4.1.2026_0.pdf
BCBS of South Carolina	Y	07/01/25	https://www.southcarolinablues.com/web/public/brands/medicalpolicy/external/external-policies/intraosseous-radiofrequency-ablation-intracpt-procedure/
BCBS of Texas	Y	12/01/25	https://medicalpolicy.hcsc.com/disclaimer?corpEntCd=HCSC
BCBS of Vermont	Y	03/01/26	https://www.bluecrossvt.org/sites/default/files/2025-12/Intraosseous%20Basivertebral%20Nerve%20Ablation%20%28i.e.%2C%20Intracpt%29%20-%202025%20-%20Publication.pdf
BCBS of Wyoming	Y	04/07/25	https://securecms.highmark.com/content/medpolicy/en/wyoming/all/policies/Surgery/15-01-004/15-01-004-001.html
CareSource (Commercial)	Y	05/01/25	https://www.caresource.com/documents/marketplace-oh-policy-medical-mm-1376-20250501
CareSource (Ohio Medicare-Medicaid)	Y	08/01/25	https://www.caresource.com/documents/dsnp-oh-policy-medical-mm-1723-20250801.pdf
CareFirst	Y	05/01/24	https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:053afbed-d0ec-40d3-89bf-c56d711f0060
Cohere (Commercial)	Y	12/19/24	https://payerinfo.zendesk.com/hc/article_attachments/30999562058519
Cohere (Medicare Advantage)	Y	06/10/24	https://payerinfo.zendesk.com/hc/article_attachments/28337083686679
ConnectiCare	Y	02/14/25	https://www.connecticare.com/en/-/media/Project/PWS/Microsites/ConnectiCare/PDFs/Providers/Our-Policies/Medical/Commercial/radiofrequency-spinal-pain-medical-policy-connecticare.pdf
EmblemHealth	Y	02/14/25	https://www.emblemhealth.com/content/dam/emblemhealth/pdfs/provider/medical_policies/r/radiofrequency-ablation-for-spinal-pain-emblemhealth.pdf

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HEALTH PLAN NAME	COVERS THE INTRACEPT™ PROCEDURE?	POLICY EFFECTIVE DATE	LINK
GEHA	Y	01/01/26	https://www.geha.com/~media93/Project/GEHA/GEHA/documents-files/coverage-policies/geha-coverage-policy-intraosseous-radiofrequency-ablation-of-the-basivertebral-nerve.pdf
Geisinger	Y	10/01/25	https://www.geisinger.org/-/media/OneGeisinger/Files/Policy-PDFs/MP/351-400/MP371-Intraosseous-Basivertebral-Nerve-Ablation.pdf?sc_lang=en&hash=DBC9C6000FA280C123F7A532BEC146A1
Health Alliance Plan	Y	08/01/25	https://www.caresource.com/documents/mmp-mi-policy-medical-mm-1571-20250801.pdf
Harvard Pilgrim (Point32 Health) Tufts Health	Y	12/01/25	https://www.assets.point32health.org/documents/basivertebral-nerve-ablation-mng?_gl=1*16n0yqe*_gcl_au*MjAyMjEwMDAxMi4xNzY4MjQ2NDQ1*_ga*NTYzNjcwNjluMTc2ODI0NjQ0NO..*_-ga_7WB29267LS*czE3NjgyNDY0NDQkbzEkZzAkDDE3NjgyNDY0NTUkajQ5JGwwJGgw
Health Care Service Corporation	Y	12/01/25	https://medicalpolicy.hcsc.com/disclaimer?corpEntCd=HCSC
Health New England	Y	07/01/25	https://healthnewengland.org/Portals/_default/Shared%20Documents/providers/2025/Percutaneous_Neuroablation.pdf?ver=ydAAKeErEAoOVPzG6X3O6g%3d%3d
HealthPartners (Cohere)	Y	06/10/24	https://payerinfo.zendesk.com/hc/article_attachments/28337083686679
HealthPartners Self-Funded	Y	10/01/25	https://www.healthpartners.com/public/coverage-criteria/policy.html?contentid=ENTRY_274114
Highmark BCBS	Y	03/04/24	https://securecms.highmark.com/content/medpolicy/en/highmark/pa/commercial/policies/Miscellaneous/Z-104/Z-104-004.html
Humana (Medicare Advantage)	Y	12/10/24	https://mcp.humana.com/tad/tad_new/Search.aspx?criteria=basivertebral+nerve&searchtype=freetext&policyType=both
Mass General Brigham	Y	08/01/25	https://resources.massgeneralbrighamhealthplan.org/medicalpolicy/InterventionalPainMgmtSpine.pdf
Medica (Carelton)	Y	10/01/24	https://partner.medica.com/Providers/WFH/Medical-Management/Carelton-Musculoskeletal
Noridian (Medicare)	Y	01/28/24	https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39642
NYS Workers' Compensation	Y	N/A	N/A
PacificSource (Carelton)	Y	07/26/25	https://pacificsource.com/providers/clinical-policies-and-practice-guidelines
Palmetto	Y	03/05/23	https://www.cms.gov/medicare-coverage-database/view/lcd.-aspx?lcdid=39420&ver=4&contractorName=all&contractorNumber=all&proposedStatus=all&sortBy=title&bc=10
Paramount	Y	01/16/26	https://www.paramounthealthcare.com/-/media/ParamountHealth/Files/Providers/Outpatient-Prior-Authorization/prior-authorization-list.pdf
Physician's Health Plan of Northern Indiana	Y	09/15/25	https://public.powerdms.com/PHPNI/documents/3494675
Priority Health	Y	03/01/25	https://priorityhealth.stylelabs.cloud/api/public/content/a21ebc2b5ac246b08b3554fe12c25113?v=12fcfe7e

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Payer Coverage (Continued)

HEALTH PLAN NAME	COVERS THE INTRACEPT™ PROCEDURE?	POLICY EFFECTIVE DATE	LINK
Providence Health	Y	12/01/25	https://www.providencehealthplan.com/-/media/providence/website/pdfs/providers/medical-policy-and-provider-information/medical-policies/mp21.pdf
Select Health	Y	11/21/25	https://selecthealth.org/content/dam/selecthealth/Provider/PDFs/policies/medical-policies/phy-med-policies.pdf
TRICARE	Y	10/28/25	https://www.federalregister.gov/documents/2025/10/28/2025-19672/tricare-notice-of-tricare-plan-program-changes-for-calendar-year-cy-2026
Tufts Health (Point32 Health)	Y	12/01/25	https://www.assets.point32health.org/documents/basivertebral-nerve-ablation-mng?_gl=1*16n0yqe*_gcl_au*MjAyMjEwMDAxMi4xNzY4MjQ2NDQ1*_ga*NTYzNjcwNjluMTc2ODI0NjQ0NQ..*_-ga_7WB29267LS*_czE3NjgyNDY0NDQkbzEkZzAkDE3NjgyNDY0NTUkajQ5JGwwJGgw

Common Medical Necessity Documentation Recommendations

- Individual is skeletally mature and has had CLBP for at least 6 months, with lower back pain as the dominant symptom.
- Has failed to adequately improve despite documented non-surgical management, to include at least 3 or more of the following modalities:
 - Avoidance of activities that aggravate pain.
 - Course of physical therapy or professionally directed therapeutic exercise program.
 - Chiropractic manipulation
 - Cognitive therapy
 - Pharmacotherapy, including narcotic and non-narcotic analgesics, muscle relaxants, neuroleptics, and anti-inflammatories.
 - Injection therapy of epidural or facet joint implicated pain sources in the region of concern
- Type 1 or Type 2 Modic changes on MRI: Endplate hypointensity (Type 1) or hyperintensity (Type 2) on T1 images plus hyperintensity on T2 images (Type1) involving the endplates between L3 and S1.
- Absence of additional vertebral pathology by physical, history, radiologic or clinical assessment including, but not limited to, fracture, tumor, infection, deformity, trauma, or post-surgical change which could cause the patient’s symptoms or complicate the procedure and outcome.
- Pain (VAS), Mobility (ODI) and psychological assessment of patient’s ability to tolerate and benefit from BVN ablation.

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