

Coverage Criteria Summary – NGS

LCD: L40302 Thermal Destruction of the Intraosseous Basivertebral Nerve (BVN) for Vertebrogenic Lower Back Pain

NGS issued a positive Local Coverage Determination (LCD) for the Intracept™ Procedure effective **07/14/2026**. The LCD outlines limited coverage for this service with specific details regarding Coverage Indications, Limitations and/or Medical Necessity. The requirements to support medical necessity and limitations should be adhered to closely to ensure the patient meets medical necessity per the LCD.

Medical Necessity Criteria:

Thermal destruction of the intraosseous BVN will be considered medically reasonable and necessary for the treatment of CLBP in patients who meet ALL the following criteria:

1. Chronic lumbar back pain of ≥ 6 months' duration that causes functional deficit measured on a pain or disability scale (Pain assessment and a disability scale must be obtained at baseline to be used for functional assessment); **AND**
2. Documented failure to respond to ≥ 6 months of nonsurgical management**;
AND
3. Absence of non-vertebrogenic pathology per clinical assessment or radiology studies that could explain the source of the patient's pain, including but not limited to fracture, tumor, infection, or significant deformity; **AND**
4. Evidence Type 1 or Type 2 Modic changes on MRI, such as inflammation, edema, vertebral endplate changes, disruption and fissuring of the endplate, vascularized fibrous tissues within the adjacent marrow, hypotensive signals (Type 1 Modic change), and changes to the vertebral body marrow including replacement of normal bone marrow by fat, and hypertensive signals (Type 2 Modic change), in 1 or more vertebrae from L3-S1; **AND**
5. Patients must have undergone careful screening, evaluation, and diagnosis by a multidisciplinary team prior to thermal destruction of the intraosseous BVN (such screening must include psychological, as well as, physical evaluation). Documentation of the history and careful screening must be available in the patient chart if requested

**Nonsurgical management may include but is not limited to:

- Avoidance of activities that aggravate pain;
- Trial of Chiropractic manipulation;
- Trial of Physical Therapy;
- Cognitive support and recovery reassurance;

- Injection therapy – epidural and/or facet;
- Spine biomechanics education;
- Specific lumbar exercise program;
- Home use of heat/cold modalities;
- Low impact aerobic exercise as tolerated;
- Pharmacotherapy (e.g., non-narcotic analgesics, NSAIDs, muscle relaxants, neuroleptics, and narcotics).

Limitations:

Services that are not reasonable and necessary cannot be covered by Medicare in the following :

1. Skeletally immature patients (≤ 18 years old);
2. Severe cardiac or pulmonary compromise;
3. Active systemic infection or local infection at the intended treatment level;
4. Bleeding diathesis;
5. Pregnancy;
6. Primary radicular pain into the lower extremities (defined as nerve pain following a dermatomal distribution and that correlates with nerve compression on imaging);
7. Previous lumbar/lumbosacral spine surgery at the intended treatment level (with the exception of discectomy/laminectomy if performed >6 months prior to BVN nerve ablation and radicular pain resolved);
8. Primary symptomatic lumbar or lumbosacral spinal stenosis (defined as the presence of neurogenic claudication and confirmed by imaging);
9. Diagnosed osteoporosis (T-score of -2.5 or less), spine fragility fracture history, trauma/compression fracture at the intended treatment level, or spinal cancer;
10. Radiographic evidence of any of the following that correlates with predominant physical complaints:
 - a. Lumbar/lumbosacral disc extrusion or protrusion >5 mm at levels L3-S1;
 - b. Lumbar/lumbosacral spondylolisthesis ≥ 2 mm at any level;
 - c. Lumbar/lumbosacral spondylolysis at levels L3-S1;
 - d. Lumbar/lumbosacral facet arthrosis/effusion correlated with facet-mediated pain at levels L3-S1.
11. BMI >40 ;
12. Advanced generalized systemic disease that limits quality-of-life (QOL) improvements would require a statement of the objective of treatment in such cases;
13. Active, untreated substance abuse disorder.

Note: Thermal destruction of the intraosseous BVN must only be performed once per vertebral body from L3-S1 per lifetime. Up to 4 vertebral bodies may be treated during 1 procedure.

The scales used for measurement of pain and/or disability must be documented in the medical record.

- Acceptable scales include but are not limited to verbal rating scales, Numerical Rating Scale (NRS) and Visual Analog Scale (VAS) for pain assessment, and Pain Disability Assessment Scale (PDAS), Oswestry Disability Index (ODI), Oswestry Low Back Pain Disability Questionnaire (OSW), Quebec Back Pain Disability Scale (QUE), Roland Morris Pain Scale, Back Pain Functional Scale (BPFS), and the PROMIS profile domains to assess function.

Coding:

CPT Code	Description
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first two vertebral bodies lumbar or sacral
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral

ICD-10 Codes that Support Medical Necessity Codes: M54.51, M47.816, M47.817

References:

1. NGS LCD: Thermal Destruction of the Intraosseous Basivertebral Nerve Ablation (BVN) for Vertebrogenic Lower Back Pain (L40302): [LCD - Thermal Destruction of the Intraosseous Basivertebral Nerve \(BVN\) for Vertebrogenic Lower Back Pain \(L40302\)](#)
2. NGS Billing and Coding: Thermal Destruction of the Intraosseous Basivertebral Nerve (BVN) for Vertebrogenic Lower Back Pain (A60324) [Article - Response to Comments: Thermal Destruction of the Intraosseous Basivertebral Nerve \(BVN\) for Vertebrogenic Lower Back Pain \(A60430\)](#)

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

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