INTRACEPT™
Vertebrogenic Pain Relief

Boston Scientific
Advancing science for life™

Coverage Criteria Summary – New York Medicaid
Basivertebral Nerve Ablation (BVNA)

New York State (NYS) has issues a coverage policy for the Intracept™ Procedure **effective July 1, 2026** for Medicaid Fee-for-Service (FFS) beneficiaries, and **September 1, 2026** for Medicaid Managed Care (MMC) plans.

The policy outlines specific details regarding criteria and limitations to meet medical necessity. The requirements should be adhered to closely and documented accordingly in the patient chart to ensure the patient meets medical necessity.

Medical Necessity Criteria:

NYS Medicaid reimbursement for BVNA is available for NYS Medicaid members, 18 years of age and older, meeting all the following criteria that must be documented in the medical record of the NYS Medicaid member:

☐ 1. Skeletally mature; **AND**

☐ 2. Chronic lower back pain lasting at least six months, with lower back pain as the dominant symptom; **AND**

☐ 3. Evidence of Type 1 or Type 2 Modic changes on MRI [endplate hypointensity (Type1) or hyperintensity (Type 2) on T1 images plus hyperintensity on T2 images (Type1) involving the endplates between L3 and S1; **AND**

☐ 4. Chronic lower back pain where non-surgical management either failed to provide adequate improvement, was contraindicated or unavailable for the following modalities:
- Avoidance of activities that aggravate pain,
- Course of physical therapy or professionally directed therapeutic exercise program,
- Cognitive behavioral therapy,
- Pharmacotherapy, that may include analgesics and muscle relaxants, and
- Injection therapy in the region of concern; **AND**

☐ 5. 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 symptoms of the patient, or complicate the procedure and outcome; **AND**

☐ 6. Physical and psychological assessment of the patient to tolerate and benefit from BVNA.

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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

Please note: Providers should refer to the fee schedules available on the eMedNY "Provider Manuals" web page, for the current reimbursement rates for the CPT codes listed above.

References:

https://www.health.ny.gov/health_care/medicaid/program/update/2026/no06_2026-05.htm

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View Boston Scientific Intracept Intraosseous Nerve Ablation System Indications, Safety, and Warnings at bostonscientific.com/intracept-indications