

## **Coverage Criteria Summary – Security Health Plan**

### **Back Surgical Procedures: Lumbar Spinal Level – Inpatient and Outpatient Settings**

Security Health Plan has issued a coverage policy for the Intracept™ Procedure **effective 01/01/2026**. 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.

#### **Coverage Criteria & Documentation Requirements:**

Basivertebral Nerve Ablation (BVNA) (i.e., intra-osseous basivertebral nerve ablation, Intracept) using an FDA-cleared device may be considered medically necessary for one or more levels between L3 and S1 when all of the following criteria are met:

- 1. The individual is skeletally mature (18 years of age or older); **AND**
- 2. The individual has moderate to severe chronic low back pain that has been refractory to at least 6 months of non-operative treatment within the past year, including a minimum of 6 weeks of a professionally directed exercise program (e.g., physical therapy or structured home exercise); **AND**
- 3. Type 1 or 2 Modic changes are present at the vertebral body(ies) to be treated, as confirmed by MRI, at levels between L3 and S1.

#### **Commercial Limitations/Exclusions:**

Basivertebral Nerve Ablation (BVNA) (i.e., intra-osseous basivertebral nerve ablation, Intracept) is considered experimental and investigational when the above criteria has not been met and when any of the following is met:

- 1. More than two BVNA procedures per benefit year.
- 2. Repeat BVNA at the same vertebral level previously treated.
- 3. Osteoporosis, defined as a T-score < -2.5.
- 4. History of trauma or compression fracture at the target level.
- 5. Imaging evidence of an alternative etiology for low back pain, including but not limited to: a. Lumbar spinal stenosis b. Spondylolisthesis c. Disc herniation d. Degenerative scoliosis e. Facet arthropathy or effusion suggestive of facet-mediated pain
- 6. Presence of a spinal tumor.
- 7. Active or recurrent radicular pain.
- 8. Active, untreated substance use disorder.
- 9. Active systemic infection, spinal infection, or bleeding diathesis.
- 10. Current pregnancy or actively breastfeeding.

**Medicaid:**

Per the BadgerCare Plus HMO contract, the Health Plan will not be more restrictive than FFS Medicaid.

Please refer to ForwardHealth interactive fee schedule for payable services, provider types and specialties and places of service:

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeDynamicSearch.aspx>

Back surgical procedures performed in an outpatient or inpatient setting require prior authorization.

**Medicare Advantage:**

The Health Plan follows Medicare guidelines when criteria are met. If there are no NCD/LCD guidelines available, the Health Plan has made the determination to follow the policy for Medicare Advantage members the same as it applies to Commercial.

**References:**

<https://securityhealth.policytech.com/dotNet/documents/?docid=22750&app=pt&source=unspecified&public=true>

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

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