

## Coverage Criteria Summary – Select Health

### Intracept™ Procedure Policy #648

Select Health issued a coverage policy for the Intracept Procedure effective **11/21/25**. 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. It is the provider's responsibility to ensure the most current version of the coverage policy is reviewed and followed.

#### **POLICY STATEMENT**

SelectHealth covers intraosseous ablation of the basivertebral nerve (Intracept Procedure), for members who meet all of the following criteria:

- 1. Has failed an adequate course of conservative treatment (at least 6 months), as defined by:
  - NSAIDs/Analgesics > 3 weeks or contraindicated
  - Activity modification > 6 weeks
  - Physical therapy, or chiropractic therapy: minimum of 12 visits within a 6 week period; must have been performed within the previous year (it is recommended that at least 4 of the visits be performed in-person); **and**
- 2. Type 1 and/or Type 2 Modic changes are present, and confirmed on radiologic report; **and**
- 3. Other sources of lower back pain have been ruled out, specifically radiofrequency of the facet joints is either not indicated, contraindicated, or have failed to relieve the lower back pain; **and**
- 4. Patient does not have significant radicular pain.

\*Four vertebral bodies may be performed per procedure.

\*\*The procedure may not be repeated for five years after the initial procedure.

**Note:** SelectHealth considers all other indications for intraosseous ablation of the basivertebral nerve (Intracept Procedure) to be investigational/experimental.

#### **References:**

<https://selecthealth.org/content/dam/selecthealth/Provider/PDFs/policies/medical-policies/phy-med-policies.pdf>

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providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered. Boston Scientific recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved label.



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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