

Coverage Criteria Summary – Avera Commercial Plans Thermal Ablation of the Intraosseous Basivertebral Nerve (BVN) Commercial Medical Policy

Avera has issued a coverage policy for the Intracept™ Procedure **effective 01/15/2026**. 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.

Medical Necessity Criteria:

Thermal ablation of the intraosseous basivertebral nerve (BVN) is considered appropriate if **ALL** of the following are **TRUE**:

1. Individual is skeletally mature (≥ 18 years of age); **AND**
2. Chronic lumbar back pain and ALL of the following:
 - Pain lasting 6 months or more duration; **AND**
 - Pain is causing functional deficit measured on pain or disability scale; **AND**
3. Documentation of moderate to severe pain as measures on pain scale (VAS or Numerical Ratings Scale); **AND**
4. Failure of conservative management, including **ALL** of the following:
 - Greater than 6 months duration; **AND**
 - Anti-inflammatory medications, analgesics, or prescription medications (e.g. oral steroids, neuropathic pain medications) is not contraindicated; **AND**
 - Physical therapy or a physician-directed home exercise program; **AND**
5. MRI with image report documenting Modic change in one or more vertebrae from L3-S1; **AND**
6. The patient has undergone careful screening, evaluation (including psychological evaluation by a mental health professional), and diagnosis by a multidisciplinary team; **AND**
7. Frequency limitations, including **ALL** of the following:
 - One BVNA per vertebral body (L3 to S1) per lifetime; **AND**
 - No more than 4 vertebral bodies (L3 to S1) are treated during one procedure; **AND**

Non-Indications:

Thermal ablation of the intraosseous basivertebral nerve (BVN) is not considered appropriate if **ANY** of the following is **TRUE**:

1. Image shows ANY of the following:
 - MRI evidence of Modic changes, Type I or Type II at vertebral bodies other than L3 to S1; **OR**
 - Radiographic evidence that correlates with predominant physical complaints, as indicated by **ANY** of the following:
 - Lumbar or lumbosacral disc extrusion or protrusion greater than 5mm at levels L3 to S1; **OR**
 - Lumbar or lumbosacral spondylolisthesis greater than or equal to 2mm at any level; **OR**
 - Lumbar or lumbosacral spondylolysis at levels L3 to S1; **OR**
 - Lumbar or lumbosacral facet arthrosis or effusion correlated with facet-mediated pain at levels L3 to S1; **OR**
 - Evidence from an imaging study (MRI) suggests another obvious cause for low back pain, including but not limited to **ANY** of the following
 - Lumbar stenosis; **OR**
 - Facet arthropathy; **OR**
 - Nerve root compression; **OR**
 - Free fragment disc extrusion; **OR**
 - Disc protrusion greater than 5 mm; **OR**
 - Disc height loss greater than 50% compared to normal levels in the same study; **OR**
 - Other obvious etiology of low back pain on imaging; **OR** Primary radicular pain into the lower extremities (i.e., nerve pain following dermatomal distribution that correlates with nerve compression on imaging); **OR**
 - Leg pain or numbness that occurs with walking (neurogenic claudication), severe pain that radiates from the back into the hip and outer side of the leg (lumbar radiculopathy), or radicular pain due to pinched nerve(s) (neuro compression [e.g., herniated nucleus pulposus, stenosis]), or posterior-spinal column pain as primary symptoms; **OR**
 - Non-vertebrogenic pathology that could explain the source of the patient's pain (e.g., fracture, tumor, infection, stenosis, facet-mediated pain, significant deformity), as indicated by ANY of the following6: Clinical assessment; **OR**
 - Imaging study; **OR**
 - Vertebral body other than L3-S1; **OR**

- Repeat BVN ablation at the same vertebral level as previous BVN ablation; **OR**
- Severe cardiac or pulmonary compromise; **OR**
- Active systemic or local infection at the intended treatment level; **OR**
- Trauma or compression fracture at intended treatment level; **OR**
- Bleeding diathesis; **OR**
- Pregnancy; **OR**
- Previous lumbar or lumbosacral spine surgery at intended treatment level (except discectomy/laminectomy, if performed greater than 6 months before BVN ablation and radicular pain resolved); **OR**
- Primary symptomatic lumbar or lumbosacral spinal stenosis (defined as the presence of neurogenic claudication and confirmed by imaging); **OR**
- Diagnosed osteoporosis (T-score of -2.5 or less); **OR**
- Spine fragility fracture history; **OR** Spinal cancer; **OR**
- Body mass index (BMI) greater than 403,6; **OR**
- Advanced generalized systemic disease that limits quality-of-life improvements and no statement of the objective of treatment; **OR**
- Underlying mental health conditions/issues (e.g., depression, substance abuse, alcohol abuse) as a major contributor to chronic back pain; **OR**
- The patient is being treated with radiation, chemotherapy, immunosuppression, or chronic high-dose steroid therapy (e.g., prednisone use up to 5 mg/day); **OR**
- The patient is taking extended-release narcotics (e.g., fentanyl patch, MS Contin, OxyContin); **OR**
- Presence of generalized pain behavior (e.g., somatoform disorder) or generalized pain disorder (e.g., fibromyalgia); **OR** Implantable pulse generators (e.g., pacemakers, defibrillators) or other electronic implants, unless specific precautions are taken to maintain patient safety.

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

References:

https://payerinfo.zendesk.com/hc/article_attachments/38217266190231

Disclaimer: Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages 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](https://www.bostonscientific.com/intracept-indications)

Copyright © 2026 by Boston Scientific Corporation or its affiliates. All rights reserved.

INTRACEPT™
Vertebrogenic Pain Relief

**Boston
Scientific**
Advancing science for life™