INTRACEPT™
Vertebrogenic Pain Relief

Boston Scientific
Advancing science for life™

Coverage Criteria Summary – Humana Medicare Advantage
Neuroablative Techniques for Chronic Pain - Policy # HUM-1168-006

Humana issued coverage policy for Medicare Advantage Members for the Intracept Procedure effective date 04/28/2026. This 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:

Humana and subsidiaries apply a Medicare Administrative Contractor's (MAC's) LCD to all requests within the MAC's applicable geographic jurisdiction.

- For patients in **Noridian Jurisdiction** JE, JF (CA, HI, NV, America Samoa, Guam, Northern Mariana Islands, AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY) Intraosseous Basivertebral Nerve Ablation (LCD 39642 and Billing/Coding Article A59466) apply.

https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39642&bc=0

- For patients in **Palmetto Jurisdiction** JJ, JM (AL, GA, TN, NC, SC, VA, WV) Thermal Destruction of the Intraosseous Basivertebral Nerve for Verteborgenic Lower Back Pain (LCD 39420 and Billing/Coding Article A59205) apply.

https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=39420

- For patients in **Jurisdiction J5/J8, J6/JK, J15, JH/JL, JN**: Humana and subsidiaries determine medical necessity for denervation of the intraosseous basivertebral nerve via radiofrequency ablation for the treatment of chronic low back pain based on the criteria contained in LCD – Thermal Destruction of the Intraosseous Basivertebral Nerve for Vertebrogenic Lower Back Pain (L39420) applies.

https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=39420

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

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References:

https://mcp.humana.com/tad/tad_new/Search.aspx?criteria=basivertebral+nerve&searchtype=freetext&policyType=both

https://payerinfo.zendesk.com/hc/en-us/articles/26485444639767-Humana-Policies-and-Guidelines

https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39642&bc=0

https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=39420

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

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