INTRACEPT™
Vertebrogenic Pain Relief

Boston Scientific
Advancing science for life™

Coverage Criteria Summary – PeakHealth

Basivertebral Nerve Ablation (BVNA)

PeakHealth has issued a coverage policy for the Intracept™ Procedure **effective 10/07/26** for Commercial (Self-Funded), Commercial (Fully Insured), and Medicare.

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:

Only one interventional spinal procedure is allowed per date of service, except in very limited circumstances, which will be reviewed on a case-by-case basis. Basivertebral Nerve Ablation is considered **medically necessary** when the following criteria are met:

- ☐ 1. Skeletal maturity (usually ≥ 18 years of age); **AND**
- ☐ 2. Primary symptom is low back pain that is chronic in nature (present for ≥ 6 months); **AND**
- ☐ 3. Pain causing significant functional impairment (i.e., diminished quality of life and/or impaired ability to perform age-appropriate activities of daily living); **AND**
- ☐ 4. Pain has persisted despite 6 months of conservative treatment, if appropriate. Conservative treatment may include but is not limited to: activity modification, physical therapy, chiropractic care, medications including nonsteroidal anti-inflammatory drugs (NSAIDS) muscle relaxers, and/or analgesics
  - a. If conservative treatment is contraindicated or not appropriate, provide reasoning in clinical documentation; **AND**
- ☐ 5. Clinical findings and imaging studies suggest no other obvious cause of pain; **AND**
- ☐ 6. MRI confirms Modic Type I or Type II on T1 changes in the endplates of 1 or more vertebrae from L3-S1; **AND**
- ☐ 7. May receive treatment of up to 4 levels, with one treatment session per level per lifetime.

Anesthesia/sedation for interventional pain management procedures are generally considered **not medically necessary** but will be reviewed on a case-by-case basis.

Requests that fail to meet the above criteria are considered **not medically necessary.**

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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: PeakHealth complies with all Medicare National Coverage Determinations (NCDs) and applicable Local Coverage Determinations (LCDs) set forth by the Center for Medicare and Medicaid Services (CMS).

Palmetto GBA, LCD Link: LCD - Thermal Destruction of the Intraosseous Basivertebral Nerve (BVN) for Vertebrogenic Lower Back Pain (L39420)

References:

https://peakhealth.public.na2.doctract.com/doctract/documentportal/08DEA9F241CE32EBA7EBB0ACE52F014D

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

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

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