

Coverage Criteria Summary – Quartz Health Plan Basivertebral Nerve Ablation (C.22.12)

Quartz Health Plan has adopted a positive coverage policy (C.22.12) for Intracept **effective immediately** for Commercial Plans. 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 criteria.

Medical Necessity Criteria:

BVNA up to 3 adjacent vertebral bodies (L3-S1) is considered medically necessary when **ALL** the following are met:

- 1. Skeletally mature (18 years or older); **AND**
- 2. Chronic lumbar back pain of at least 6 months duration; **AND**
- 3. Significant functional impairment as indicated by increased pain and difficulty sitting, lifting and standing with activities of daily living significantly impacted; **AND**
- 4. Pain and functional impairment are refractory to conservative treatment for at least 6 months including all the following:
 - Pharmacotherapy: NSAIDs and/or steroid medication unless contraindicated; **AND**
 - Activity and lifestyle modification; **AND**
 - Home exercise program;
AND
- 5. Modic changes Type 1 or Type 2 on spine MRI in at least one vertebral endplate, L3-S1 (which should be the requested vertebrae for the procedure); **AND**
- 6. Other primary sources of low back pain have been ruled out such that vertebral pain is the likely source of pain, including all the following:
 - No radicular (radiating) pain symptoms; **AND**
 - No symptoms of spinal stenosis; **AND**
 - No acute fractures (e.g., vertebral compression fractures); **AND**
 - No post-surgical changes; **AND**
 - No local or malignant tumor of the spine; **AND**
- 7. BMI < 40; **AND**
- 8. Lack of untreated mental health condition as major contributor to chronic back pain (e.g., depression, drug or alcohol abuse)

Non-Indications:

Indications considered experimental/investigational (not an all-inclusive list) and NOT COVERED, include any of the following:

1. Repeat treatment at the same level
2. Treatment of vertebrae other than L3-S1

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://quartzhealth.access.mcg.com/INDEX>

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

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