

Coverage Criteria Summary – Wellmark **Intraosseous Basivertebral Nerve Ablation**

Wellmark (BCBS Iowa and South Dakota) issued a coverage policy for the Intracept™ Procedure effective **09/17/2026**. 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.

Coverage Criteria & Documentation Requirements:

Intraosseous basivertebral nerve radiofrequency ablation (BVNA) of the lumbar L3-S1 may be considered medically necessary for the treatment of select chronic axial low back pain in individuals when ALL of the following criteria are met:

- ☐ 1. Diagnosed with vertebrogenic axial lumbar back pain for at least 6 months; **AND**
BMI ≤ 40; **AND**
- ☐ 2. Absence of both of the following:
 - a. Lumbar radicular symptoms (nerve symptoms following a dermatomal distribution that correlates with nerve compression-abutment by imaging)
 - b. Symptomatic spinal stenosis (the presence of neurogenic claudication that correlates with spinal stenosis confirmed by imaging); **AND**
- ☐ 3. Skeletally mature patient (generally age >18 years); **AND**
- ☐ 4. Minimum Visual Analog Score (VAS) score of **≥ 4** and Oswestry Disability Index (ODI) **of ≥30**; **AND**
- ☐ 5. Documented failure to respond to **at least 6 consecutive months of continuous supervised non-surgical conservative management**; **AND**
- ☐ 6. All other alternative pain generators have been reasonably excluded, including, but not limited to, fracture, tumor, infection, or significant spinal deformity; **AND**
- ☐ 7. Imaging studies confirm BOTH of the following:
 - a. Magnetic resonance imaging (MRI)-demonstrated Modic Type 1 or 2 changes in at least one vertebral endplate, at one or more levels from L3 to S1, including EITHER of the following:
 - Fibrovascular bone marrow changes are present (hypointense T1 signal; Modic Type 1)

- Fatty bone marrow changes are present (hyperintense T1 and T2 signal; Modic Type 2)
- b. Radiographic absence of ALL of the following:
 - Type 3 Modic changes (sclerotic)
 - Disc extrusion or protrusion > 5 mm at levels L3-S1
 - Spondylolisthesis > 2 mm at any level
 - Spondylolysis at any level
 - Facet arthrosis/effusion correlated with facet-mediated LBP at levels L3-S1

Investigational:

Intraosseous basivertebral nerve radiofrequency ablation (BVNA) of the L3-S1 vertebrae for the treatment of chronic axial lower back pain that is of vertebrogenic nature is considered investigational when ANY of the following are present:

- a) Skeletally immature patients (generally 6 months prior to baseline and radicular pain resolved)
- b) Diagnosed osteoporosis (T-score of -2.5 or less), metabolic bone disease, spine fragility fracture history, or trauma/compression fracture at intended treatment level
- c) Spine tumor or metastatic disease
- d) Spine infection, active systemic infection, bleeding diathesis
- e) Active, untreated substance abuse disorder or addiction behavior
- f) Pregnant or lactating women
- g) Three or more Waddell's signs on physical examination
- h) Repeat BVNA at the same level of a prior BVNA

BVN ablation may not be combined with any other spine procedure on the same day. Intraosseous basivertebral nerve radiofrequency ablation (BVNA) of the L3-S1 vertebrae for all other indications not cited above is considered investigational because evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Conservative Management

Conservative Management Failure: Acceptable 6-month continuous conservative management include but are not limited to:

- a) Avoidance activities that aggravate pain
- b) Physical therapy
- c) Pharmacologic management (NSAIDs, non-narcotic analgesics, muscle relaxants, neuropathic agents, etc.)
- d) Chiropractic or osteopathic manipulation therapy
- e) Acupuncture
- f) Epidural steroid injections or other spinal injections

Required Documentation:

- a) Clinical notes documenting chronic axial low back pain (CLBP) ≥ 6 months
- b) Failure of ≥ 6 months of continuous conservative management (specify treatments attempted and outcomes)
- c) MRI report confirming Type 1 and/or Type 2 Modic changes at L3-S1 at proposed treatment level(s)
- d) Imaging confirms absence of another etiology for the individual's symptoms (e.g., lumbar spinal stenosis, spondylolisthesis, segmental instability, disc herniation, degenerative scoliosis, facet arthropathy or effusion with clinically suspected facet joint pain).
- e) **Documented VAS score ≥ 4 , Oswestry Disability Index (ODI) of ≥ 30 , and number of Waddell's signs.**
- f) Physical examination findings ruling out radicular etiology and/or other primary pain generators.
- g) BMI documentation.
- h) Bone density results if osteoporosis is clinically suspected.

Waddell Signs Include:

- a) **Superficial tenderness:** The patient's skin over a wide area of the lumbar skin is tender to light touch or pinch
- b) **Non-anatomical tenderness:** The patient experiences deep tenderness over a wide area that is not localized to one structure and crosses over non-anatomical boundaries.
- c) **Axial loading:** Downward pressure on the top of the patient's head elicits lumbar pain.
- d) **Acetabular rotation:** Lumbar pain is elicited while the provider passively and simultaneously externally rotates the patient's shoulder and pelvis together in the same plane as the patient stands. It is considered a positive test if pain occurs within the first 30 degrees of rotation.
- e) **Distracted straight leg raise discrepancy:** The patient complains of pain during a straight leg raise during formal testing, such as when supine, but does not on distraction when the examiner extends the knee with the patient in a seated position.
- f) **Regional sensory disturbance:** The patient experiences decreased sensation fitting a stocking like distribution rather than a dermatomal pattern.
- g) **Regional weakness:** Weakness, cogwheeling, or the giving way of many muscle groups that are not explained on a neuroanatomical basis.
- h) **Overreaction:** A disproportionate and exaggerated painful response to a stimulus that is not reproduced when the same provocation is given later. These responses can include verbalization, facial expression, muscle tension, or tremor.

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://digital-assets.wellmark.com/adobe/assets/urn:aaid:aem:eef390a5-b231-4186-aefd-4520c7bfc2e2/original/as/Intraosseous%20Basivertebral%20Nerve%20Ablation%20\(BVNA\).pdf](https://digital-assets.wellmark.com/adobe/assets/urn:aaid:aem:eef390a5-b231-4186-aefd-4520c7bfc2e2/original/as/Intraosseous%20Basivertebral%20Nerve%20Ablation%20(BVNA).pdf)

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

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

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