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INTRACEPT™
Vertebrogenic Pain Relief

# INTRACEPT™ REIMBURSEMENT GUIDE

## 2026 PHYSICIAN REIMBURSEMENT

### ICD-10-CM DIAGNOSIS CODING

Diagnosis codes are used by both physicians and facilities to document the indication for the procedure. It is recommended providers contact their Medicare Administrative Contractors (MACs) and/or third-party payers to confirm coverage and verify appropriate ICD-10 diagnosis codes. The following diagnosis codes associated with the Intracept Procedure and are commonly listed in CMS Local Coding Articles and coding crosswalk resources, but may not be an exhaustive list:

| | |
|---|---|
| **M54.51** | Vertebrogenic low back pain; low back pain vertebral endplate pain |
| **M54.50** | Low back pain |
| **M54.9** | Dorsalgia, unspecified |
| **M47.816** | Spondylosis w/o myelopathy or radiculopathy, lumbar region |
| **M47.817** | Spondylosis w/o myelopathy or radiculopathy, lumbosacral region |

### MEDICARE PHYSICIAN CODING, RELATIVE VALUE UNIT (RVU) AND PAYMENT FOR SERVICES PERFORMED IN A FACILITY SETTING

| CPT[1] Code | Description | Work RVUs[2] | Total RVUs[2] | Payment Rate[3] | Global Period |
|---|---|---|---|---|---|
| **64628[4]** | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first two vertebral bodies lumbar or sacral | 6.97 | 10.92 | $364.74 | 10 |
| **+64629[5]** | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure) | 3.68 | 5.01 | $167.34 | ZZZ[6] |

1 Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association (AMA). Copyright 2025 AMA. All rights reserved.
2 2026 CMS/PFS Final Rule, Addenda B (available on CMS website).
3 Medicare national average payment subject to geographic adjustment 2026 CMS/PFS Final Rule, Addenda B: work, practice expense, and malpractice RVUs multiplied by CY2026 conversion factor $33.4009 (available on CMS website). Physician payment amounts reflected are for services performed in a facility setting. There is no office payment assigned.
4 CPT code 64628 has a global period of 10 days.
5 Effective 1/1/26 CMS updated the Practitioner Services MUE files (https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits.) MACs and commercial payers may stipulate specific vertebral body level limitations. Review any applicable Local Coverage Decisions (LCDs) and commercial policies.
6 ZZZ: Add-on code that you must bill with another service. No post-operative work included.

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# 2026 HOSPITAL OUTPATIENT REIMBURSEMENT

## 2026 HOSPITAL OUTPATIENT CODING AND PAYMENT

| CPT[1] Code | Description | Status Indicator[5] | APC | Medicare | Private/ Commercial |
|---|---|---|---|---|---|
| 64628 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first two vertebral bodies lumbar or sacral | J1 | 5115 | $13,117[2,3] | Contractual |
| +64629 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure) | N | N/A | Bundled | Contractual |
| C1889[4] | Implantable/insertable device, not otherwise classified (CMS requires HOPDs to report C1889 for device costs when there is no specific device C-code for a device intensive procedure) | N/A | N/A | Report with Revenue Code 278 with device charges | Contractual Report with Revenue Code 278 with device charges |

# 2026 ASC REIMBURSEMENT

## 2026 AMBULATORY SURGICAL CENTER CODING AND PAYMENT

| CPT[1] Code | Description | Status Indicator[5] | APC | Medicare | Private/ Commercial | Multiple Surgery Discounting[6] |
|---|---|---|---|---|---|---|
| 64628 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first two vertebral bodies lumbar or sacral | J8 | 5115 | $9,891[2] | Contractual | Y |
| +64629 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure) | N | N/A | Bundled Note: ASCs do not report code to CMS | Contractual | N |
| C1889 | Implantable/insertable device, not otherwise classified | N/A | N/A | Note: ASCs do not report C1889 to CMS | Contractual Report with Revenue Code 278 with device charges | N |

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2 Medicare national average payment subject to geographic adjustment, 2026 CMS/OPPS/ASC Final Rule, Addenda AA and B (available on CMS website).
3 Medicare payment for hospital outpatient procedures is based on Ambulatory Payment Classifications (APCs). CPT codes 64628 and +64629 are assigned to APC 5115.
4 CPT code 64628 is designated as device-intensive by CMS. CMS requires HOPDs to report C1889 with revenue code 0278 for the device cost. Medicare may deny claims without device associated charges (CMS Manual System, transmittal 11305).
5 Status Indicator (SI) shows how a code is handled for payment purposes: J1= paid under comprehensive APC, single payment based on primary service without separate payment for other adjunctive services; J8= device intensive ASC procedures. N= ancillary HCPCS codes that are integral to the delivery of other procedures and services. Payment for this code type is "packaged" (bundled) into the payment for other services and therefore are not separately reimbursable.
6 In the case that multiple procedures are billed and coded, payment is typically made at 100% of the rate for the first procedure, and 50% of the rate for the second and all succeeding procedures. Such procedures subject to this discounting are marked "Y". However, procedure marked "N" are not subject to discounting, and are paid at 100% in full, regardless of whether they are submitted with other procedures.

### To learn more about the Intracept Procedure, please visit intracept.com

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.

### Questions

If you have reimbursement questions regarding the Intracept Procedure, please contact us at: NMDReimbursement@bsci.com

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