INTRACEPT™
Vertebrogenic Pain Relief

Boston Scientific
Advancing science for life™

Coverage Criteria Summary – Cohere (Commercial)
Thermal Ablation of the Intraosseous Basivertebral Nerve (BVN)

Cohere has issued a commercial coverage policy for the Intracept™ Procedure effective **09/14/24**. 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.

Medical Necessity Criteria:

Thermal ablation of the intraosseous basivertebral nerve (BVN) is considered appropriate if **ALL** of the following are **TRUE:**

☐ 1. Skeletally mature patient (greater than or equal to 18 years old); **AND**

☐ 2. Chronic lower (lumbar) back pain lasting 6 months or more duration that causes functional deficit measured on pain or disability scale; **AND**

☐ 3. Documentation of moderate to severe pain; **AND**

☐ 4. No significant improvement in pain or disability level due to symptoms, despite receiving non-surgical management interventions for more than six (6) weeks, including **ALL** of the following (unless medically contraindicated):

   a. Physical therapy including home exercise program; **AND**
   b. Anti-inflammatory medications or oral steroidsChiropractic manipulation; **AND**

☐ 5. MRI demonstrates Modic change in one or more vertebrae from L3 to S1, as evidenced by **ANY** of the following:

   a. Inflammation, edema, vertebral endplate changes, disruption and fissuring of the endplate, vascularized fibrous tissues within the adjacent marrow, or hypointense signals (Type 1); **OR**
   b. Changes to vertebral body marrow, including replacement of normal bone marrow by fat or hyperintense signals (Type 2); **AND**

☐ 6. Patient has undergone careful screening, evaluation (including psychological), and diagnosis by multidisciplinary team; **AND**

☐ 7. Frequency limitations, including **ALL** of the following:

   a. One intraosseous BVN per vertebral body (from L3 to S1) per lifetime; **AND**
   b. Up to 4 vertebral bodies treated during one procedure.

Non-Indications:

Thermal ablation of the intraosseous basivertebral nerve (BVN) is not considered appropriate if **ANY** of the following is **TRUE**:

1. Skeletally immature patient (less than 18 years old); **OR**
2. Severe cardiac or pulmonary compromise; **OR**
3. Active systemic or local infection at the intended treatment level; **OR**
4. Bleeding diathesis; **OR**
5. Pregnancy; **OR**
6. Leg pain or numbness that occurs with walking (neurogenic claudication), severe pain that radiates from the back into the hip and outer side of the leg (lumbar radiculopathy), or radicular pain due to pinched nerve(s) (neurocompression [e.g., herniated nucleus pulposus, stenosis]), or posterior-spinal column pain as primary symptoms; **OR**
7. Primary radicular pain into the lower extremities (defined as nerve pain following dermatomal distribution and that correlates with nerve compression on imaging); **OR**
8. Previous lumbar or lumbosacral spine surgery at intended treatment level (with the exception of discectomy/laminectomy if performed greater than 6 months prior to BVN nerve ablation and radicular pain resolved); **OR**
9. Primary symptomatic lumbar or lumbosacral spinal stenosis (defined as the presence of neurogenic claudication and confirmed by imaging); **OR**
10. Diagnosed osteoporosis (T-score of -2.5 or less); **OR**
11. Spine fragility fracture history; **OR**
12. Trauma or compression fracture at intended treatment level; **OR**
13. Spinal cancer; **OR**
14. MRI evidence of Modic changes, Type I or Type II at greater than three (3) vertebral bodies; **OR**
15. Radiographic evidence that correlates with predominant physical complaints, as indicated by **ANY** of the following:
    a. Lumbar or lumbosacral disc extrusion or protrusion greater than 5 mm at levels L3 to S1; **OR**
    b. Lumbar or lumbosacral spondylolisthesis ≥ 2 mm at any level; **OR**
    c. Lumbar or lumbosacral spondylolysis at levels L3 to S1; **OR**
    d. Lumbar or lumbosacral facet arthrosis or effusion correlated with facet-mediated pain at levels L3 to S1; **OR**

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16. Evidence on an imaging study (MRI) suggesting another obvious cause for low back pain, including but not limited to **ANY** of the following:
    a. Lumbar stenosis; **OR**
    b. Facet arthropathy; **OR**
    c. Nerve root compression; **OR**
    d. Free fragment disc extrusion; **OR**
    e. Disc protrusion greater than five (5) mm; **OR**
    f. Disc height loss greater than 50% compared to normal levels on the same study; **OR**
    g. Other obvious etiology of low back pain on imaging); **OR**
17. Patient with BMI greater than 40; **OR**
18. Advanced generalized systemic disease that limits quality-of-life improvements (without statement of objective of treatment); **OR**
19. Active untreated substance abuse disorder; **OR**
20. Patient is being treated with radiation, chemotherapy, immunosuppression, or chronic steroid therapy (prednisone use up to 5 mg/qd or its equivalent is allowed); **OR**
21. Patient is taking extended release narcotics (e.g., Fentanyl Patch, MS Contin, Oxycontin); **OR**
22. Presence of generalized pain behavior (e.g., somatoform disorder) or generalized pain disorder (e.g., fibromyalgia); **OR**
23. Implantable pulse generator (e.g., pacemakers, defibrillators) or other electronic implants unless specific precautions are taken to maintain patient safety.
24. Non-vertebrogenic pathology that could explain source of patient's pain (e.g., fracture, tumor, infection, stenosis, facet mediated pain, significant deformity), as indicated by **ANY** of the following:
    a. Clinical assessment; **OR**
    b. Imaging study

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://payerinfo.zendesk.com/hc/article_attachments/30999562058519

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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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