

## **Coverage Criteria Summary – Cohere (Medicare Advantage) Thermal Ablation of the Intraosseous Basivertebral Nerve (BVN)**

Cohere has issued a Medicare Advantage coverage policy for the Intracept™ Procedure effective **06/10/24**. 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. No significant improvement in pain or disability level due to symptoms, despite receiving documented non-surgical management interventions for more than six (6) weeks, including at least three (3) or more of the following modalities (unless medically contraindicated):
  - a. Avoidance of activities that aggravate pain; **OR**
  - b. Physical therapy or a professionally directed therapeutic exercise program; **OR**
  - c. Chiropractic manipulation; **OR**
  - d. Cognitive therapy; **OR**
  - e. Pharmacotherapy, including narcotic and non-narcotic analgesics, muscle relaxants, neuroleptics, and anti-inflammatories; **OR**
  - f. Injection therapy of epidural or facet joint implicated pain sources in the region of concern; **AND**
- ☐ 4. 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**

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- ☐ 5. Absence of additional vertebral pathology by physical, history, radiologic, or clinical assessment including, but not limited to, fracture, tumor, infection, deformity, trauma, or post-surgical change which could cause the patient's symptoms or complicate the procedure and outcome; **AND**
- ☐ 6. The 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; **AND**
- ☐ 8. Local anesthesia is considered appropriate for the region treated. Mild sedation may be administered by the performing physician or staff under his direction but should not be coded separately. Additional anesthesia services may not be billed separately without documentation of medical necessity.

### **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. Neurogenic claudication, lumbar radiculopathy, radicular pain, nerve impingement or compression (e.g., NHP, stenosis), as primary symptoms; **OR**
- 7. 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**
- 8. Primary symptomatic lumbar or lumbosacral spinal stenosis (defined as the presence of neurogenic claudication and confirmed by imaging); **OR**
- 9. Diagnosed osteoporosis (T-score of -2.5 or less); **OR**
- 10. Spine fragility fracture history; **OR**
- 11. Trauma or compression fracture at intended treatment level; **OR**
- 12. Spinal cancer; **OR**

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13. 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  $\geq 2$  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**
14. Evidence on imaging (MRI, flexion/extension radiographs, etc.) suggests another obvious etiology for the patient's LBP symptoms, including but not limited to lumbar stenosis, spondylolisthesis, segmental instability, disc herniation, degenerative scoliosis or facet arthropathy or effusion with clinically suspected facet joint pain; **OR**
15. Patient with BMI greater than 40; **OR**
16. Advanced generalized systemic disease that limits quality-of-life improvements (without a statement of objective of treatment); **OR**
17. Active untreated substance abuse disorder; **OR**
18. Implantable pulse generator (e.g., pacemakers, defibrillators) or other electronic implants unless specific precautions are taken to maintain patient safety; **OR**
19. Non-vertebrogenic pathology that could explain the source of the 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/28337083686679](https://payerinfo.zendesk.com/hc/article_attachments/28337083686679)

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