Frequently Asked Questions on INTRACEPT™ Procedure Coverage Policy Changes:

Blue Cross Blue Shield of Michigan and BlueCare Network/TurningPoint

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Below are some common questions and answers regarding the recent Blue Cross Blue Shield of Michigan (BCBS MI) and BlueCare Network/TurningPoint coverage policy changes for the Intracept™ Procedure. For additional questions, please reach out to your Relievant Territory Manager or your Reimbursement Business Manager.

Where can I find the BCBS MI and BlueCare Network/TurningPoint coverage policies?

The BlueCare Network/TurningPoint coverage policy is titled, "Intraosseous Basivertebral Nerve Ablation (Intracept) Policy Number PM-1005.23" and must be accessed through the provider portal. The future BCBS MI policy can be obtained here.

What are the coverage criteria for each policy?

We recommend a complete review of each coverage policy to fully understand the criteria and exclusions. However, below are some of the key criteria for each policy:

BCBS MI:

Basivertebral nerve ablation, with an FDA approved device, for one or more levels of L3 through S1 when ALL of the following are met:

- Individual is skeletally mature (≥ 18 years of age)
- Moderate to severe chronic low back pain that is primarily axial in nature
- Pain is refractory to at least 6 months of non-operative treatment within the past year, including at least 6 weeks of detailed professional directed exercise program (i.e. Physical Therapy)
- Type 1 or Type 2 Modic changes are noted at the vertebral body(ies) to be treated, on an MRI between L3 and S1
  - Type 1 – inflammation, edema, vertebral endplate changes, disruption and fissuring of the endplate, vascularized fibrous tissues within the adjacent marrow, hypo-intensive signals
  - Type 2 – changes to the vertebral body marrow including replacement of normal bone marrow by fat, and hyper-intensive signals

BlueCare Network/TurningPoint:

Intraosseous basivertebral nerve ablation may be considered medically necessary when ALL of the following are met:

- Presence of moderate to severe chronic low back pain that is primarily axial in nature
- Imaging confirmation of Modic type I or II changes at vertebral body(ies) to be treated, identified on MRI by radiologist, from L3-S1
- Failure of at least 6 months non-operative treatment within the past year, including at least 6 weeks of detailed professionally directed exercise program
- Skeletal maturity
- Other etiologies for pain have been ruled out via lumbar spine x-rays, MRI and physical exam

Note: When performing ablations for members with implanted electric devices (spinal cord stimulator, pacemaker/defibrillator, etc.), manufacturer guidelines should be followed regarding turning off or monitoring the device during the ablation procedure.

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How can I tell if the patient has traditional BCBS MI or BlueCare Network/TurningPoint?

The insurance card will not typically indicate if it is a BCBS MI or a BlueCare Network/TurningPoint plan. You will need to enter the case into the Availity prior authorization tool using CPT codes 64628 and 64629. The response will indicate which plan the prior authorization request should be submitted to.

Does the Intracept Procedure require prior authorization and should the case be submitted into the Relievant prior authorization portal?

Yes, both BCBS MI and BlueCare Network/TurningPoint require Intracept Procedure cases to be prior authorized. You should continue entering these cases into the Relievant portal.

For the past several months, we have requested that the practice initiate the prior authorization inquiry in Availity to learn if the plan is managed by BCBS MI or BlueCare Network/TurningPoint. Upon receipt of the practice findings, we have been submitting BlueCare Network/TurningPoint cases for authorization and working them through the appeal process. BCBS MI cases were closed because BCBS MI would not allow authorization requests for review.

Beginning on 1/1/24, we anticipate that Availity will begin accepting requests for BCBS MI plans but the authorization request for BCBS MI plans will need to be submitted by the practice as Relievant does not have Availity access. Relievant will prepare the letter of medical necessity and provide a submission packet for you.*

**To simplify, enter all BCBS MI cases into the Relievant portal. The intake and case management team will provide step by step instructions, submission documents and will guide you through the process for BCBS MI and BlueCare Network/TurningPoint plans.*

BlueCare Network/TurningPoint created this document for their providers to address commonly asked prior authorization questions for musculoskeletal procedures.

Are the Intracept CPT codes on the BCBS MI ASC Fee Schedule?

As of 10/23, most providers show CPT codes 64628 and 64629 as payable in the BCBS MI fee schedule. It is important that you confirm for your facility that you can access the fee schedule and verify an ASC payment amount for the CPT codes.

Since the CPT codes are on the ASC Fee Schedule, does that mean my facility will be paid?

There is never a guarantee of payment from a payor. Gaining prior authorization, verifying patient benefits, confirming the ASC fee schedule and reviewing payer contract terms gives the highest likelihood the claim will be paid.