



# Frequently Asked Questions on INTRACEPT™ Procedure Coverage Policy Changes:

Blue Cross Blue Shield of Michigan and BlueCare Network/TurningPoint

**Boston  
Scientific**  
Advancing science for life™

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 Relevant 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 ( $\geq 18$  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.*

**INTRACEPT™**  
Vertebrogenic Pain Relief

## 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 Relevant 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 Relevant 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 Relevant does not have Availity access. Relevant will prepare the letter of medical necessity and provide a submission packet for you.\*

*\*To simplify, enter all BCBS MI cases into the Relevant 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.

Indications for Use: The Intracept™ Intraosseous Nerve Ablation System is intended to be used in conjunction with radiofrequency (RF) generators for the ablation of basivertebral nerves of the L3 through S1 vertebrae for the relief of chronic low back pain of at least six months duration that has not responded to at least six months of conservative care, and is also accompanied by features consistent with Type 1 or Type 2 Modic changes on an MRI such as inflammation, edema, vertebral endplate changes, disruption and fissuring of the endplate, vascularized fibrous tissues within the adjacent marrow, hypointense signals (Type 1 Modic change), and changes to the vertebral body marrow including replacement of normal bone marrow by fat, and hyperintense signals (Type 2 Modic change). Contraindications - Use of the Intracept Intraosseous Nerve Ablation System is contraindicated in: Patients with severe cardiac or pulmonary compromise, patients with active implantable pulse generators (e.g. pacemakers, defibrillators), patients where the targeted ablation zone is < 10 mm away from a sensitive structure not intended to be ablated, including the vertebral foramen (spinal canal), patients with active systemic infection or local infection in the area to be treated, patients who are pregnant, and/or skeletally immature patients (generally ≤ 18 years of age). Refer to the Instructions for Use provided with the Intracept Procedure or [www.relevant.com/intracept/](http://www.relevant.com/intracept/) for potential adverse effects, warnings, and precautions prior to using this product. Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

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 rendered. It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. 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. Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. All trademarks are the property of their respective owners. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options. This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

**Boston  
Scientific**  
Advancing science for life™

Copyright ©2025 by  
Boston Scientific Corporation  
or its affiliates. All rights reserved.  
NM-2129214-AA