

Coverage Criteria Summary – HealthPartners Self-Funded Employer Group Plans

HealthPartners issued a coverage policy for the Intracept™ Procedure effective **10/1/25** for **Self-Funded Employer Group Plans**. 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.

*Non Self-Funded, Medicaid and Medicare Advantage plans have different criteria. Please refer to the appropriate checklist after verifying patient plan type.

Coverage Criteria & Documentation Requirements:

Ablation of the Basivertebral Nerve (eg: Intracept System) is generally covered subject to the indications below and patient plan documents:

- ☐ 1. Skeletally mature (18 years of age or older); **AND**
- ☐ 2. Chronic non-radicular low back pain (CLBP) for at least 6 months; **AND**
- ☐ 3. Modic Type 1 or 2 changes evidenced by MRI in at least one vertebral endplate, at one or more levels from L3-S1; **AND**
- ☐ 4. At least 6 months of nonsurgical conservative treatment that includes:
 - a. Avoidance of activities that aggravate pain; **AND**
 - b. Pharmacotherapy (e.g. narcotics/non-narcotic analgesics, muscle relaxants, neuroleptics, and anti-inflammatories); **AND**
 - c. Course of physical therapy
 - I. At least 4 visits, completed within the current episode of pain (within the last 6 months). Therapeutic intervention to include exercises, directed towards the site or source of pain. Physical therapist's notes must be submitted. Note: The requirement for physical therapy will not be met if there is a failure to complete prescribed physical therapy for nonclinical reasons. If a member is unable to complete physical therapy due to progressively worsening pain and disability, documentation in the physical therapist's notes demonstrating this is required, or
 - II. There must be a physician's statement in the clinical documents that explains why physical therapy is contraindicated, and
 - d. Consultation with a licensed clinical health psychologist with expertise in chronic pain within the last 6 months.
 - I. Consultation to include consideration of relevant chronic pain interventions such as a pain rehabilitation program.

Indications That Are Not Covered:

1. Evidence on imaging suggests another obvious etiology for the low back pain symptoms (e.g. lumbar stenosis, spondylolisthesis, segmental instability, disc herniation associated with radicular pain, degenerative scoliosis or facet arthropathy or effusion with clinically suspected facet joint pain).
2. Neurogenic claudication, lumbar radiculopathy, or radicular pain due to neurocompression as a primary symptom
3. Metabolic bone disease (e.g. osteoporosis), spine fragility fracture, trauma/compression fracture, or spinal cancer
4. Spine infection or active systemic infection
5. Presence of active implantable pulse generators (e.g. pacemakers, defibrillators)
6. Severe cardiac or pulmonary compromise, systemic vulnerability to bleeding, or concern for further compromise or existing disease
7. Currently pregnant
8. Skeletal immaturity (<18 years of age)

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:

healthpartners.com/public/coverage-criteria/policy.html?contentid=ENTRY_274114

*HealthPartners: Cohere Medicare Advantage & Commercial (Non-Self-Funded) and Medicaid Policies [HealthPartners: Cohere Medicare Advantage & Commercial/Medicaid Policies – Payer Information](#)

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View Boston Scientific Intracept Intraosseous Nerve Ablation System Indications, Safety, and Warnings at [bostonscientific.com/intracapt-indications](https://www.bostonscientific.com/intracapt-indications)

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