INTRACEPT™
Vertebrogenic Pain Relief

Boston Scientific
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Coverage Criteria Summary – Carelon

Interventional Pain Management, Intraosseous Basivertebral Nerve Ablation; Document ID: MSK01-0624.3

Carelon issued a coverage policy for the Intracept™ Procedure effective **07/26/25**. 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.

Coverage Criteria & Documentation Requirements:

Thermal destruction of the lumbar intraosseous basivertebral nerve (BVN) may be considered medically necessary for the treatment of select chronic low back pain in patients who meet **ALL** the following criteria:

- ☐ 1. Skeletally mature patient; **AND**
- ☐ 2. History of chronic lumbar back pain for at least 6 months with a minimum VAS score of ≥ 4 on most days; **AND**
- ☐ 3. Associated significant functional impairment as measured by an ODI ≥ 30; **AND**
- ☐ 4. Documented failure to respond to at least 6 consecutive months of non-surgical management; **AND**
- ☐ 5. All other possible pain sources including, but not limited to, fracture, tumor, infection, or significant spinal deformity have been ruled out; **AND**
- ☐ 6. Imaging studies confirm **BOTH** of the following:
  - a. Evidence of Modic Type I changes on MRI (i.e., hypointense T1 and hyperintense T2) or Type I and Type II changes on MRI (hyperintense T1 and hyperintense T2) in the endplates of 1 or more vertebrae from L3-S1
  - b. Absence of non-vertebrogenic pathology that could explain the source of the patient's pain including, but not limited to, fracture, tumor, or infection
- ☐ 7. Statement from a primary care physician, neurologist, physiatrist, psychiatrist, psychologist, or other licensed behavioral and/or medical health care provider attesting to the absence of untreated, underlying mental health conditions/issues (e.g., depression, drug abuse, alcohol abuse) as a major contributor to chronic back pain.

Exclusions/Contraindications for Intraosseous BVN Ablation:

a) Skeletally immature patients (generally <18 years of age)
b) Patients with severe cardiac or pulmonary compromise
c) Concurrent vertebral augmentation procedures at the intended levels
d) MRI evidence of Modic changes at levels other than L3-S1
e) Radicular pain (defined as nerve pain following a dermatomal distribution and that correlates with nerve compression in imaging)
f) Previous lumbar spine surgery at the intended treatment level (discectomy/laminectomy allowed if > 6 months prior to baseline and radicular pain resolved)
g) Symptomatic spinal stenosis (defined as the presence of neurogenic claudication confirmed by imaging)
h) Diagnosed osteoporosis (T-score of -2.5 or less), metabolic bone disease, spine fragility fracture history, or trauma/compression fracture at intended level, or spinal cancer
i) Spine infection, active systemic infection, bleeding diathesis
j) Radiographic evidence of other pain etiology:
    a. Disc extrusion or protrusion > 5 mm at levels L3-S1
    b. Spondylolisthesis > 2 mm at any level
    c. Spondylolysis at any level
    d. Facet arthrosis/effusion correlated with facet-mediated LBP at levels L3-S1
k) Current use of extended-release opioids with addiction behaviors
l) BMI > 40
m) Contraindicated to MRI, allergies to components of the device, or active implantable devices
n) Pregnant or lactating women
o) Repeat procedure at the same level of a prior intraosseous ablation

CPT 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://partner.medica.com/Providers/WFH/Medical-Management/Carelon-Musculoskeletal

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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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