

**Coverage Criteria Summary – Blue Cross of Idaho**  
**Percutaneous Intradiscal Electrothermal Annuloplasty,**  
**Radiofrequency Annuloplasty, Biacuplasty and Intraosseous**  
**Basivertebral Nerve Ablation**  
**Policy #: MP 7.01.572**

Blue Cross of Idaho issued a coverage policy for the Intracept™ Procedure effective **04/24/25**. 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), such as the Intracept™ System, may be considered **medically necessary** for the treatment of select chronic low back pain in individuals who meet ALL the following criteria:

- ☐ 1. Individual is skeletally mature; **AND**
- ☐ 2. At least 6 months of chronic lumbar back pain with a minimum VAS score of  $\geq 4$  on most days; **AND**
- ☐ 3. Oswestry Disability Index (ODI)  $\geq 30$  (signifying associated functional impairment); **AND**
- ☐ 4. Documented failure to respond to at least 6 consecutive months of non-surgical management, evidenced by at least 3 or more of the following modalities
  - a. Avoidance of activities that aggravate pain
  - b. Course of physical therapy or professionally directed therapeutic exercise program
  - c. Chiropractic manipulation
  - d. Cognitive therapy
  - e. Pharmacotherapy, including narcotic and non-narcotic analgesics, muscle relaxants, neuroleptics, and anti-inflammatories
  - f. Injection therapy of epidural or facet joint implicated pain sources in the region of concern; **AND**
- ☐ 5. Pain sources including, but not limited to, fracture, tumor, infection, or significant spinal deformity have been ruled out; **AND**

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- ☐ 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 individual's pain including, but not limited to, fracture, tumor, or infection; **AND**
- ☐ 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. Individual is skeletally immature (generally <18 years old)
- b. Individuals with a spine infection, active systemic infection, spinal cancer, severe cardiac or pulmonary compromise, systemic vulnerability to bleeding, or concern for further compromise of existing disease.
- c. Fragile bones as evidenced by diagnosed osteoporosis (T-score of -2.5 or less), metabolic bone disease, spine fragility/fracture history, trauma/compression fracture at intended level, or spinal cancer.
- d. Concurrent vertebral augmentation procedures at the same levels as proposed intraosseous BVN.
- e. Previous lumbar spine surgery at the same levels as proposed intraosseous BVN (Exception: discectomy/laminectomy allowed if > 6 months prior to baseline and radicular pain resolved).
- f. Repeat procedure at the same level as a prior intraosseous BVN.
- g. MRI evidence of Modic changes at levels other than L3-S1.
- h. Radicular pain (nerve pain following a dermatomal distribution that correlates with nerve compression in imaging).
- i. Symptomatic spinal stenosis (the presence of neurogenic claudication that correlates with spinal stenosis confirmed by imaging).
- j. Radiographic evidence of other pain etiology:
- k. Disc extrusion or protrusion > 5 mm at levels L3-S1
  - i. Spondylolisthesis > 2 mm at any level
  - ii. Spondylolysis at any level
  - iii. Degenerative scoliosis
  - iv. Facet arthrosis/effusion correlated with facet-mediated LBP at levels L3-S1
- l. Beck Depression Inventory (BDI) > 24

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- m. 3 or more Waddell signs (see Policy Guidelines section)
- n. Compensated injury or litigation
- o. Active, untreated substance abuse disorder or addiction behavior
- p. Current use of extended-release narcotics
- q. BMI > 40
- r. Contraindications to MRI, allergies to components of the device, or active implantable devices (For example: Individuals with implantable pulse generators [e.g., pacemakers, defibrillators, or neurostimulator] and other electronic implants, unless type specific precautions are taken to maintain individual safety.)
- s. Pregnant or lactating women

## Policy Guidelines:

Waddell signs include:

- a. Superficial tenderness: The patient's skin over a wide area of the lumbar skin is tender to light touch or pinch.
- b. Non-anatomical tenderness: The patient experiences deep tenderness over a wide area that is not localized to one structure and crosses over non-anatomical boundaries.
- c. Axial loading: Downward pressure on the top of the patient's head elicits lumbar pain.
- d. Acetabular rotation: Lumbar pain is elicited while the provider passively and simultaneously externally rotates the patient's shoulder and pelvis together in the same plane as the patient stands. It is considered a positive test if pain occurs within the first 30 degrees of rotation.
- e. Distracted straight leg raise discrepancy: The patient complains of pain during a straight leg raise during formal testing, such as when supine, but does not on distraction when the examiner extends the knee with the patient in a seated position.
- f. Regional sensory disturbance: The patient experiences decreased sensation fitting a stocking-like distribution rather than a dermatomal pattern.
- g. Regional weakness: Weakness, cogwheeling, or the giving way of many muscle groups that are not explained on a neuroanatomical basis.
- h. Overreaction: A disproportionate and exaggerated painful response to a stimulus that is not reproduced when the same provocation is given later. These responses can include verbalization, facial expression, muscle tension, or tremor.

## 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://providers.bcidaho.com/resources/pdfs/medical-management/Medical%20Policy%20PDF/7%20-%20Surg/07.01.572\\_04-24-25.pdf](https://providers.bcidaho.com/resources/pdfs/medical-management/Medical%20Policy%20PDF/7%20-%20Surg/07.01.572_04-24-25.pdf)

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

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