INTRACEPT™
Vertebrogenic Pain Relief

Boston Scientific
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Coverage Criteria Summary – Blue Cross and Blue Shield Kansas

Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, Biacuplasty and Intraosseous Basivertebral Nerve Ablation

Blue Cross and Blue Shield Kansas issued a coverage policy for the Intracept™ Procedure effective **06/06/24**. 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:

Intraosseous radiofrequency ablation of the basivertebral nerve (e.g., Intracept™ System) for the treatment of vertebrogenic back pain at no more than three adjacent vertebral bodies between L3-S1, is considered **medically necessary** when **ALL** of the following are met:

☐ 1. Individual is 18 years or older and skeletally mature (see Policy Guidelines section); **AND**

☐ 2. Chronic vertebrogenic low back pain that limits daily activities for at least 6 months, and at no more than three adjacent vertebral bodies; **AND**

☐ 3. Refractory to 6 consecutive months of physician supervised, nonsurgical conservative medical management, to include at least **3 or more** of the following:
   a. Lifestyle modifications / exercise, including core stabilization exercises
   b. Pharmacotherapy; including nonsteroidal and/or steroidal medication, muscle relaxants, neuroleptics
   c. physical therapy, including passive and active treatment modalities
   d. chiropractic manipulation
   e. epidural or facet injection therapy; **AND**

☐ 4. Participation in Cognitive Behavioral Therapy (see Policy Guidelines section); **AND**

☐ 5. BMI < 40; **AND**

(continued on next page)

☐ 6. Imaging studies confirm the absence of any non-vertebrogenic pathology that could explain the etiology of the individual's low back pain including, but not limited to the following:
   a. fracture
   b. tumor
   c. trauma
   d. post-surgical change
   e. infection
   f. significant deformity
   g. Metabolic bone disease including osteoporosis
   h. Spondylolisthesis
   i. Disc protrusion

☐ 7. Magnetic resonance imaging (MRI) demonstrates Modic Type 1 or Type 2 changes in at least one vertebral endplate at one or more levels from L3-S1; **AND MRI report (reviewed/interpreted by radiologist) submitted with request**

Intraosseous radiofrequency ablation of the basivertebral nerve (e.g., Intracept system) for the treatment of vertebrogenic back pain is considered **experimental/investigational** for all other indications.

Policy Guidelines:

a. Skeletally mature refers to a system of fused skeletal bones which occurs when bone growth ceases.

b. Cognitive behavioral therapy (CBT) sessions provided by a licensed healthcare professional (e.g., psychiatrist, psychologist, social worker, psychiatric nurse, other licensed professional) with competence in principles and practice of CBT and providing individualized treatment that includes ALL of the following elements:
   1. disease education
   2. activity and lifestyle modification
   3. stress management (stress management typically also includes strategies to deal with emotions such as fear, anxiety, sadness that can interfere with pain management)

c. Thermal destruction of the intraosseous basivertebral nerve must only be performed once per vertebral body from L3-S1 per lifetime.

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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://www.bcbsks.com/medical-policies/percutaneous-intradiscal-electrothermal-annuloplasty-radiofrequency-annuloplasty

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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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