



Intracept™ Patient Access Portal Training



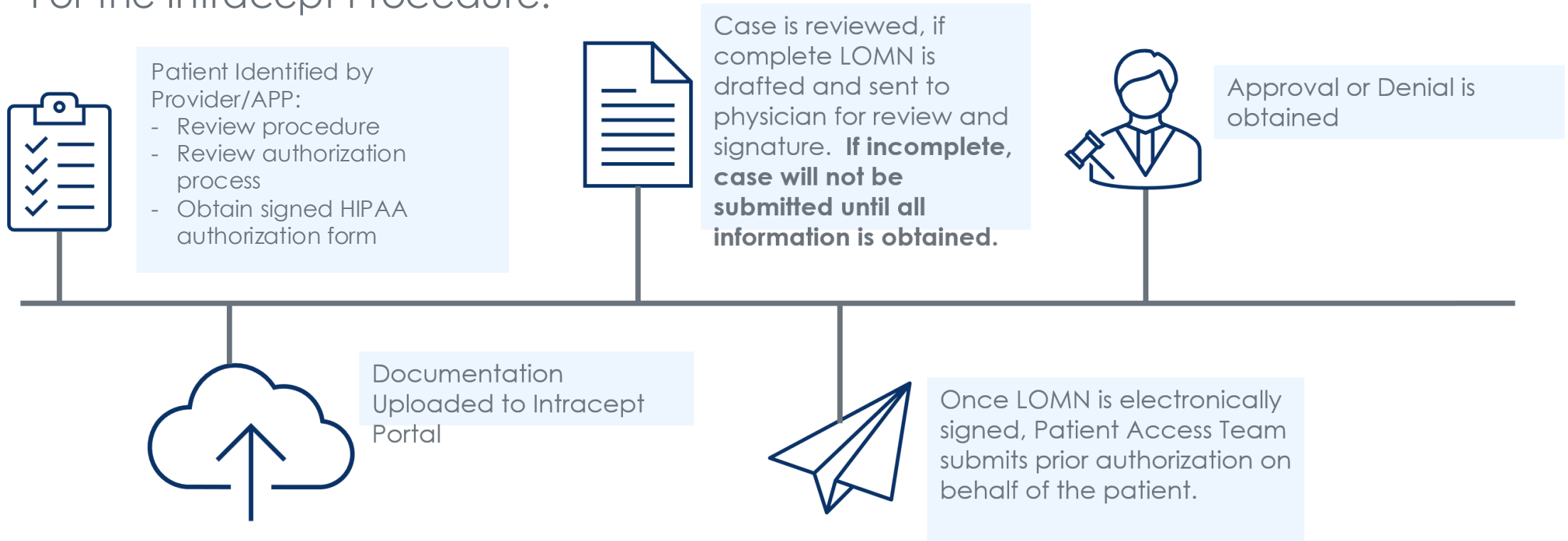
Patient Access Portal Platform Background

- The in-house Patient Access Program (AP) of Boston Scientific is offered on behalf of **patients**, not providers. The AP assists patients in obtaining access to care, navigating the process with their insurers, and helps promote Intracept with payors as a minimally invasive, long term therapeutic solution for lower back pain.
- Patient signs a HIPAA compliant authorization form allowing the provider to share data (MRI report, clinic note, and insurance card) with the Boston Scientific patient access team, similar to a release to another healthcare provider.
- Patient Access Portal built within Salesforce
 - Provides deep security infrastructure
 - Extensive list of compliance certifications available at <https://compliance.salesforce.com/en/>
- The patient release allows the reimbursement team to work on behalf of the patient and directly with the patient's insurance company.
- The AP is exclusively for Intracept. All communications with payors will indicate that the Intracept Procedure is being performed. Approval will only cover the Intracept Procedure.
- Performing an alternative procedure may result in denial of a claim and result in a significant bill for your practice or your patient to cover.



Intracoept Patient Access Program Process Overview

For the Intracoept Procedure:





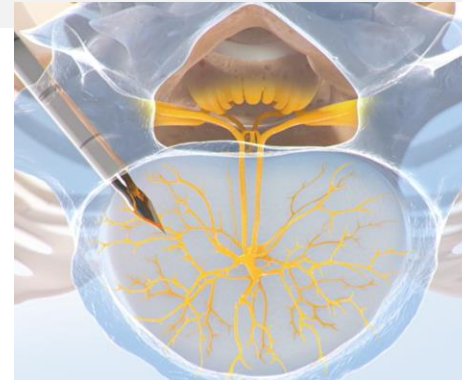
The Intracept Procedure

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- Same-day surgery, brief recovery
- Implant free
- Preserves overall spine structure
- Long-term pain relief after single treatment (mean follow-up of 6.4 years)¹⁻³
- Reduced utilization of injections³
- Proven safety profile⁴

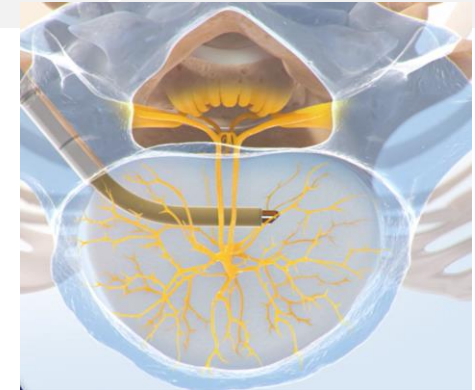
Indications for Use: The Intracept Intraosseous Nerve Ablation System is intended to be used in conjunction with radiofrequency (RF) generators for the ablation of basivertebral nerves of the L3 through S1 vertebrae for the relief of chronic low back pain of at least six months duration that has not 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, hypointensive signals (Type 1 Modic change), and changes to the vertebral body marrow including replacement of normal bone marrow by fat, and hyperintensive signals (Type 2 Modic change)

1



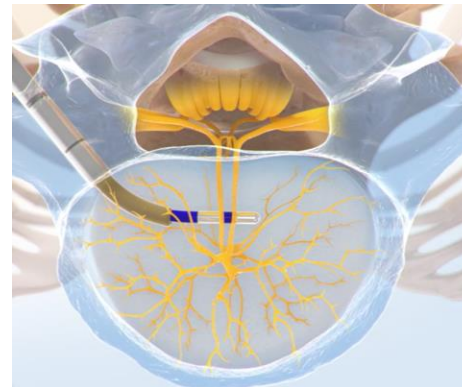
Access the Pedicle

2



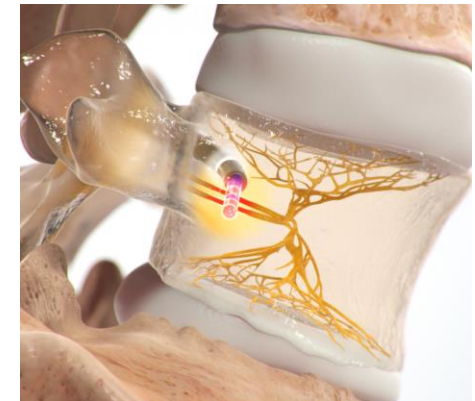
Create the Channel

3



Place the Radiofrequency Probe

4



Ablate the BVN

1. Fischgrund J, Rhyne A, Macadaeg K, et al. Long-term outcomes following intraosseous basivertebral nerve ablation for the treatment of chronic low back pain: 5-year treatment arm results from a prospective randomized double-blind sham-controlled multi-center study. Eur Spine J. 2020;29(8):1925-34. doi.org/10.1007/s00586-020-06448-x
2. Koreckij T, Kreiner S, Khalil JG, Smuck M, Markman J, Garfin S. Prospective, randomized, multicenter study of intraosseous basivertebral nerve ablation for the treatment of chronic low back pain: 24-month treatment arm results. NASSJ. Published online October 26, 2021. DOI: <https://doi.org/10.1016/j.xnsj.2021.100089>
3. Fischgrund JS, Rhyne A, Franke J, et al. Intraosseous basivertebral nerve ablation for the treatment of chronic low back pain: 2-year results from a prospective randomized double-blind sham-controlled multicenter study. Int J Spine Surg. 2019;13(2):110-9. doi:10.14444/6015
4. Boston Scientific data on file as of Q2 2023.



Diagnostic Coding

Diagnosis Codes for the Intracept™ Procedure:

ICD-10	Description
M54.51	Vertebrogenic low back pain; low back pain vertebral endplate pain
M54.50	Low back pain
M54.9	Dorsalgia, unspecified
M47.816	Spondylosis w/o myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis w/o myelopathy or radiculopathy, lumbosacral region

M54.51 is the most specific diagnosis code for the Intracept Procedure



Reimbursement

2025 Medicare Reimbursement		HOPD	ASC	Physician Fee
64628	Thermal destruction of intraosseous basivertebral nerve, inclusive of all imaging guidance; first two vertebral bodies, lumbar or sacral	\$12,867	\$9,524	\$399.16
64629	Thermal destruction of intraosseous basivertebral nerve, inclusive of all imaging guidance; each additional vertebral body, lumbar or sacral			\$188.26

* Rates above are Medicare national averages subject to geographic adjustment. Commercial rates are generally higher than Medicare and dependent on contracted rates.



Dedicated Reimbursement Support

Patient Access Team

- Works to obtain access to care (prior authorization) for your patients
- Not outsourced – over 41 full-time BSC employees
- Works on behalf of the patient
- Collaborates with you during the authorization process via our web-based HIPAA compliant portal.

Reimbursement Business Manager (RBM) Team

- Provides coding and billing education – pro/fac
- Physician and APP documentation training
- Documentation review for best practices
- Claim review and appeal assistance if ever needed

Payer Strategy & Health Policy Team

- Pursues positive coverage with payers
- Develops tools & resources to help patients & customers address payer challenges
- Monitors payer policies & coverage trends
- Builds relationships within payers, medical societies, and employer benefit teams
- Monitors CMS rules & regulations and provides comments back to CMS to maintain appropriate coverage & payment





Commercial Payer Patient Access Process

Facilitating Patient Access

Submit Prior
Authorization

If
Denied



1st and 2nd Level Appeal

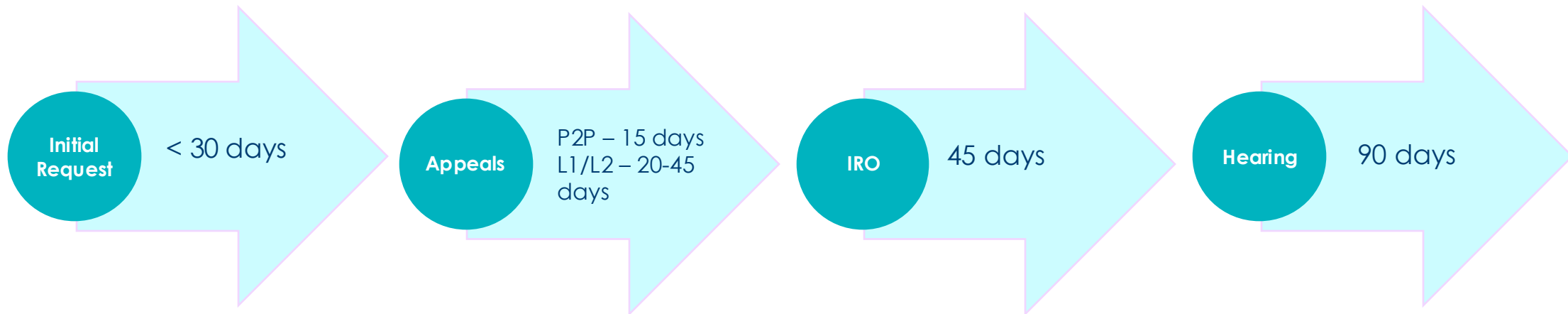
If
Denied



Independent Review

Setting proper expectations is the key to satisfaction:

- Intracept™ is still considered Investigational and Experimental (I&E) with half of the payers across the U.S.
 - This is common language with new technology
 - We work to obtain coverage and are successful obtaining approval even with I&E payers.
- Commercial approval rate: 52% across all payers. Is 85%-95% if the payer has positive coverage.
- Denials are not uncommon through this process especially with payers implementing AI to review initial requests.
- The Intracept team exhausts all available appeal options within the member's plan.



- Commercial cases can go up to IRO (4 months) (Self-funded have an employer review option)
- Medicare Advantage cases can go up to ALJ Hearing (4-6 months)
- Medicaid cases can go up to State Fair Hearing (4-6 months)

Courtesy clinical reviews for traditional Medicare are ONLY offered for physicians who have recently completed Intracept™ training.

- Traditional Medicare patients in a state **without an active Intracept LCD**, can be entered into the portal for the **first 30 days** following the physicians trained date.
 - An email will be sent notifying you whether the patient meets or does not meet FDA indications based on the documentation. Only schedule patients who have met FDA indications.
- After 30 days, received Medicare cases will be closed and an email reminder sent that a prior authorization is not required, and the case can be scheduled.

The patient access team does not routinely perform reviews for traditional Medicare plans.

- Medicare patients must meet FDA indications and if the service is to be provided in a state in which an active Medicare LCD exists, the criteria in that LCD must be met.
- Medicare does not require authorization for Intracept. Please ensure applicable criteria has been met in the clinical record before scheduling.

Facilitating Patient Access



Setting proper expectations is the key to satisfaction:

- Timeframe to approval or denial: ~30 days for quick approvals or up to ~6 months for ALJ hearing.
- Medicare Advantage approval rate: 90%
- Denials are not uncommon in states without an active LCD or positive payer coverage policy.



Secondary Insurance Plans

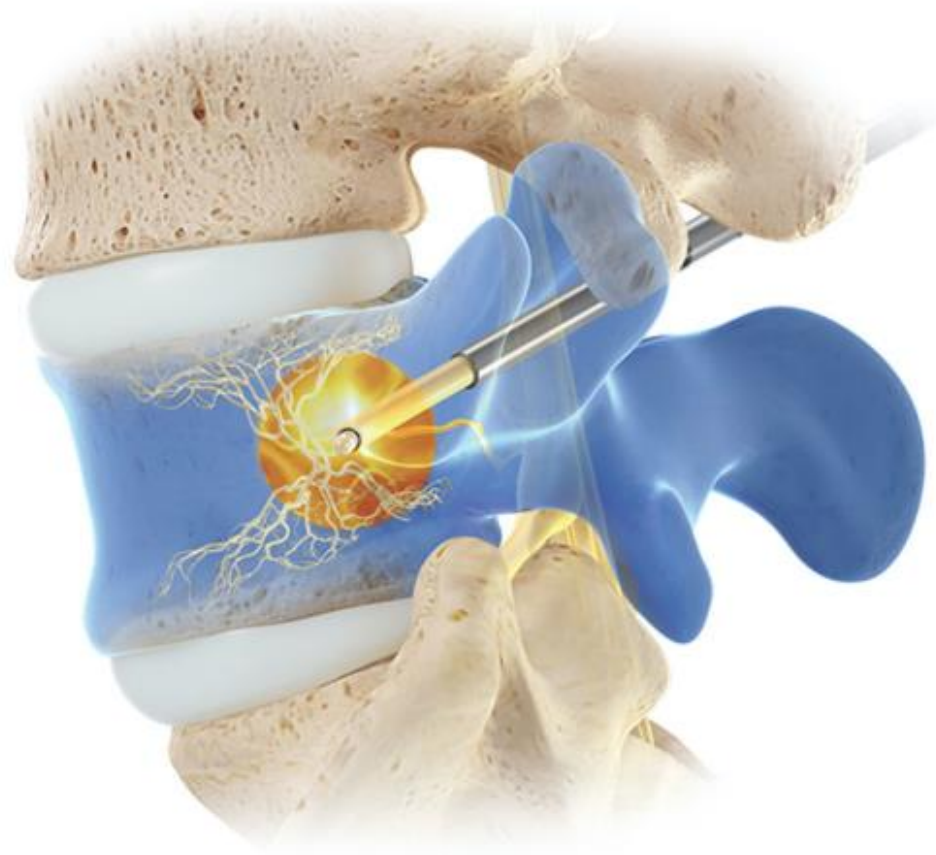
Types of secondary insurance plans

- Full commercial plans (i.e., employer sponsored) - **may** need prior authorization
- Medicare Supplement (i.e., plan N, F or G) - **does not** need prior authorization
- ChampVA - does **not need** prior authorization and covers
- Medicaid – there is often no additional payment due to lower primary allowable

When should I enter the secondary Insurance?

- If the policy is a commercial plan (i.e., They have a prior auth requirement mentioned on the ID card)
- Authorization has been required for other services
- **If you are not sure, enter the policy into the portal and we will advise next steps.**

Portal Case Entry Overview





Upload Requirements for Prior Auth or Medicare Review

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- 1 Patient Authorization Form (Consent)**
 - Provided by Boston Scientific
 - Every portal patient must sign and date this form
 - Keep this form accessible
- 2 MRI L-Spine Report**
 - Mention or description of Modic type I or II changes
 - Other descriptors include: Active Schmorl's Node, endplate changes, edema, inflammation, disruption and/or fissuring, fibrovascular bone marrow changes or fatty bone marrow changes
- 3 Comprehensive Last Office Note**
 - ≥ 6 months of low back pain
 - ≥ 6 months failed conservative treatment
 - Physician identified Modic changes at VB to be treated
 - Intrasept procedure listed in treatment plan with VB to be treated
 - Anything additional required by specific payor policy
- 4 Insurance Card**
 - Front and back of the insurance card. If insurance card is not available, it must be documented in the portal
 - WC Cases: Adjuster contact information and Date of Injury is required



Intrasept Patient Intake Form

The Intake form for use can be found [HERE](#).

Intrasept™ Procedure Patient Intake Form

Patient Name: _____ Date of Birth: _____

Duration of low back pain: (circle one)
> 6 months > 1 year > 2 years > 3 years > 5 years

Complete the remainder of the form considering your pain and function over the last 30 days

0-10 NUMERIC PAIN RATING SCALE

0 1 2 3 4 5 6 7 8 9 10
NONE MILD MODERATE SEVERE

Please mark an "x" where you are having pain.

Average Pain: _____ Back Pain (%): _____
Worst Pain: _____ Leg Pain (%): _____
ODI (or other) Functional Assessment Score: _____ (To Be Inputted By Provider)

Does bending forward/lifting increase your back pain? (circle one) Yes or No
Does sitting for long periods (ex. driving) increase your back pain? (circle one) Yes or No
Does walking and/or standing improve your back pain? (circle one) Yes or No
Does your pain negatively affect your activities of daily living? (check all that apply)
☐ Sleep ☐ Work ☐ Leisure Activities
☐ Household Chores ☐ Other: _____

What activities would you like to get back to if you could receive relief from your low back pain?

What medications have you taken for your low back pain: _____

Which treatments have your tried to relieve your low back pain? (check all that apply)
☐ Physical Therapy ☐ Home Exercise Program ☐ Chiropractic Care
☐ Massage Therapy ☐ Acupuncture ☐ Other: _____
☐ Injections: ☐ Epidural Injections ☐ Facet Injections ☐ SI Joint Injections ☐ Facet Ablations

Pertinent surgical/medical history: _____

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Office Use Only:

MRI Report included? (circle one) Yes No
Signer has reviewed imaging? (circle one) Yes No
Modic changes noted at: (check all that apply)

Vertebral Body	Location	Modic Type 1	Modic Type 2
<input type="checkbox"/> L3	<input type="checkbox"/> Superior <input type="checkbox"/> Inferior	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> L4	<input type="checkbox"/> Superior <input type="checkbox"/> Inferior	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> L5	<input type="checkbox"/> Superior <input type="checkbox"/> Inferior	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> S1	<input type="checkbox"/> Superior <input type="checkbox"/> Inferior	<input type="checkbox"/>	<input type="checkbox"/>

Diagnosis:

<input type="checkbox"/> M54.51 Vertebrogenic low back pain; low back pain vertebral endplate pain	<input type="checkbox"/> M54.50 Low Back Pain	<input type="checkbox"/> M47.816 Spondylosis w/o myelopathy or radiculopathy, lumbar region
<input type="checkbox"/> M47.817 Spondylosis w/o myelopathy or radiculopathy, lumbosacral region	<input type="checkbox"/> M51.36 Other intervertebral disc degeneration, lumbar region	<input type="checkbox"/> M51.37 Other intervertebral disc degeneration, lumbosacral region

Treatment Plan:

Intrasept Procedure	<input type="checkbox"/> L3	<input type="checkbox"/> L4	<input type="checkbox"/> L5	<input type="checkbox"/> S1
----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Additional Comments (why Intrasept is the best treatment option): _____

Healthcare Provider Signature: _____
Healthcare Provider Name (Printed): _____
Healthcare Provider's National Provider Identifier (NPI): _____
Date: _____

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Cognitive Behavioral Therapy Resource

Some Intracept™ payer coverage policies require the patient to participate in cognitive behavioral therapy (CBT). We have identified a resource that can provide CBT services via telehealth for the patient's convenience.

Advantage Point Behavioral accepts and is contracted with all insurance plans*.

1. Physicians can send a referral via email to referrals@advantagepointbehavioral.com or via fax @ 844-583-5633 with the following information:

Practice Name

Physician Name

Practice Phone Number

Patient Demographics

Procedure Information:

Please list 3 CBT sessions and/or Mental Health screening

2. Patient registers on Advantage Point Behavioral website:
<https://emr.advantagepointbehavioral.com>

*Any CBT providers may be utilized, and Advantage Point does not have to be utilized for the Intracept procedure.



Entering a Case



Login to Portal

Go to: bsci.my.site.com/NMDPreAuthPortal to login

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**One account.
All of Boston Scientific.**

[Create account](#)

Email Address

Password

[Forgot password?](#)

☐ Keep me signed in

[Sign In](#)

[Employee login](#)



Portal Home Page

The screenshot shows the Boston Scientific Portal Home Page. The header is dark blue with the Boston Scientific logo on the left, a search bar in the center, and a user profile icon on the right. The user profile icon is labeled 'CHENMA L.' and has a dropdown arrow. Below the header is a navigation bar with tabs: HOME, CASES, DRAFTS, and HELP. The HOME tab is highlighted with a hand cursor. Below the navigation bar is the main content area, which is titled 'Pre-Auth Cases Dashboard'. On the right side of the dashboard is a purple button labeled 'Create New Request'. Two teal callout boxes provide instructions: one points to the HOME tab and says 'The "Home" tab allows for creation of a new pre-auth request.', and the other points to the user profile icon and says 'Visit My settings to update personal information and preferences.'

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Search...

SEARCH

CHENMA L.

HOME CASES DRAFTS HELP

The "Home" tab allows for creation of a new pre-auth request.

Visit My settings to update personal information and preferences.

Pre-Auth Cases Dashboard

Create New Request



Portal Home Page, con't

The screenshot displays the Boston Scientific Portal Home Page. At the top, there is a dark blue header with the Boston Scientific logo on the left, a search bar in the center, and a 'SEARCH' button on the right. Below the header is a navigation bar with tabs: HOME, CASES, DRAFTS, and HELP. The 'CASES' tab is selected, and a drop-down menu is open, showing four options: 'All Closed Pre-Auth Portal Cases', 'All Open Pre-Auth Portal Cases' (which is highlighted and has a checkmark), 'All Pre-Auth Portal Cases', and 'My Closed Pre-Auth Portal Cases'. A teal callout box with an arrow pointing to the 'CASES' tab contains the text: 'Open the "Cases" tab to display a drop-down menu with four list view options.' Below the navigation bar, the main content area shows the 'Cases' section with a red briefcase icon and the title 'All Open Pre-Auth Portal Cases'. To the left of the list, it says '16 items'. To the right, there is a search bar labeled 'Search this list...' and a table with columns: 'Pro...', 'Status', 'Sub...', 'Contact N...', and 'Cre...'. The table contains two rows of data: 'BVNA' with 'In Progress' status and contact 'Grant Jameson' (created by 'csmit'), and 'BVNA' with 'In Progress' status and contact 'James Sweet'.

Open the "Cases" tab to display a drop-down menu with four list view options.

Cases
All Open Pre-Auth Portal Cases

16 items LIST VIEWS

- All Closed Pre-Auth Portal Cases
- ✓ All Open Pre-Auth Portal Cases
- All Pre-Auth Portal Cases
- My Closed Pre-Auth Portal Cases

Search this list...

Pro...	Status	Sub...	Contact N...	Cre...
BVNA	In Progress		Grant Jameson	csmit
BVNA	In Progress		James Sweet	



Portal Home Page, con't

The screenshot shows the Boston Scientific Portal Home Page. At the top, there is a search bar and a user profile icon labeled 'CHENINA B.'. Below the search bar is a navigation menu with 'HOME', 'CASES', 'DRAFTS', and 'HELP'. The 'DRAFTS' tab is selected, and a hand cursor is pointing at it. A teal callout box explains: "Drafts" allows for storage of cases in progress that are awaiting additional information before they can be submitted.

Below the navigation menu, the 'NMD PreAuth Forms' section is visible, showing 'All Open Requests'. A table lists 6 items, sorted by Created Date. The table columns are: Created Date, NMD PreAuth Form ID, Pending Status, Patient Name, Patient ID, Therapy, Process, Physician, and Created By.

	Created Date ↑	NMD PreA...	Pendi...	Patien...	Patien...	Therapy	Proce...	Physician	Created By
1	2/17/2025, 7:24 AM	PAF-114195				NMD-BVNA		Grant Jameson	Chenina Smith
2	2/17/2025, 7:32 AM	PAF-114196		Tuhin	Saha	NMD-BVNA	BVNA	James Sweet	Chenina Smith
3	2/23/2025, 10:03 AM	PAF-114233		Nikki	Smith	SCS	Trial	James Sweet	Chenina Smith
4	2/23/2025, 10:08 AM	PAF-114234		Nikki	Smith	SCS	Trial	James Sweet	Chenina Smith
5	2/23/2025, 10:11 AM	PAF-114235		Nikki	Smith	Interspinous Spacer	Implant	James Sweet	Chenina Smith
6	2/24/2025, 2:56 PM	PAF-114261		Nikki	Test	NMD-BVNA	BVNA	James Sweet	Chenina Smith



Documenting the Pre-Auth Form

HOME CASES DRAFTS HELP

Pre-Auth Cases Dashboard

Create New Request

From Home tab, click “Create New Request” to begin entering a new case.

Pre-Authorization Form

Patient Information Procedure Information Physician & Facility Information Additional Information Physician Certification

Therapy

* Therapy Type

☐ Spinal Cord Stimulator

☐ Basivertebral Nerve Ablation (Intrasept)

Cancel Save & Next

The Pre-Auth Form template will be initiated. For **Intrasept**, choose '**Basivertebral Nerve Ablation (Intrasept)**' as "Therapy Type" and click, “Save & Next”.



Documenting the Pre-Auth Form, con't

Insurance Details

* Primary Insurance ⓘ

anthem X

Anthem BCBS of Nevada

Anthem

Anthem BC of California

Anthem BC of California FEP

Anthem BCBS of Colorado

Anthem BCBS of Connecticut

Employer

Employer

* Plan Type

choose one...

Plan Type

choose one...

Insurance Phone

Insurance Phone

Remember: When Intracept is the Therapy Type and Anthem is the insurance, be sure to choose 'Anthem', and not Anthem broken down by state. This is unique to Anthem; other payers may be broken down by state.

Enter patient information into all required fields.

NOTE:

- Patient email is very important, please obtain if possible.
- Primary Insurance **must** be entered before proceeding, Add secondary insurance if available.

IMPORTANT

When entering insurance information, ensure the correct provider is chosen, see example above. Double check before you 'Create a New Record' to avoid duplicates.



Documenting the Pre-Auth Form, con't

Pre-Authorization Form

✓ Procedure Information Physician & Facility Information Additional Information Physician Certification

Diagnosis Codes

Please select the patient's diagnosis code(s) from the menus below. Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The diagnosis codes options listed are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options. 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.

* Primary ICD Code
choose one...
M54.51 Vertebrogenic low back pain - low back pain, vertebral endplate pain
M54.50 Low back pain
M54.9 Dorsalgia, unspecified
M47.817 Spondylosis w/o myelopathy or radiculopathy, lumbosacral region
M47.816 Spondylosis w/o myelopathy or radiculopathy, lumbar region

Secondary ICD Code
choose one...

Save & Next

M54.51 is the most specific diagnosis code for vertebrogenic pain. Select primary ICD code and secondary ICD code (if applicable), click "Save & Next".

Pre-Authorization Form

✓ ✓ Physician & Facility Information Additional Information Physician Certification

Office Location Information

* Office Location
Hendrick Health - Abilene, Texas

Physician & Facility Information

* Physician Name
James Sweet

Address 5302 BUFFALO GAP RD STE 104
ABILENE, TX 79606
US

Phone 01708-724957

Fax 844-442-9012

NPI# 1851778591

TIN#

Any Changes?
☐

* Facility
choose one...
NORTH HOUSTON SURGICAL HOSPITAL - HOUSTON, TX - 754095
HENDRICK MEDICAL CENTER - ABILENE, TX - 847235
HENDRICK MEDICAL CENTER SOUTH - ABILENE, TX - 16275

Back Cancel

Save & Next

Complete Physician & Facility information, click "Save & Next".

NOTE: Only approved Physicians and Facilities are available to be chosen.

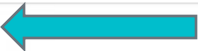


Documenting the Pre-Auth Form, con't

Pre-Authorization Form

Progress bar: ✓ ✓ ✓ Additional Information (selected) Physician Certification

Comments

enter notes here  Enter any patient specific notes if applicable

Upload Files



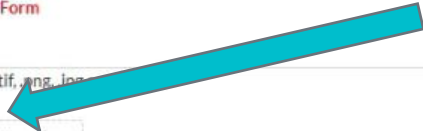
Before submitting any clinical documentation, it is important to review the specific insurance plan's necessary documents for your patient. To better understand the general requirements for providing medical necessity, you may refer to the "Basivertebral Nerve Ablation (Intracept) - Medical Necessity Documentation Recommendations" document linked below. Keep in mind that supplementary documentation may be needed during the case processing.


[Basivertebral Nerve Ablation \(Intracept\) - Medical Necessity Documentation Recommendations](#)


We need the following information uploaded in order to begin processing your Case submission:

1. MRI Report
2. Most Recent Clinical Notes
3. Patient Authorization Form
4. Insurance ID Card

* Upload Documents: (.pdf, .tif, .png, .jpg)

 Upload Files   Upload required information or documentation

TITLE	DESCRIPTION	FILE EXTENSION	ACTION
Case Entry- Physician Certification and Case Entry-Physician Certification + BAA mockups		pdf	

 Uploaded documents will be displayed here

[HOME](#) [CASES](#) [DRAFTS](#) [HELP](#)

Pre-Authorization Form

✓

✓

✓

✓

Physician Certification

Physician Certification

By submitting this request to Boston Scientific, the account identified in this request represents that the physician identified in this request completed this in its entirety (or reviewed it carefully after it was completed by an employee under their direction), and the information provided by the physician/physician's staff, including the patient diagnosis, codes selected, and supporting medical documentation is true, accurate, and complete to the best of their knowledge. The physician also certifies that this procedure is medically necessary. It is the responsibility of the provider to verify appropriate coding with the payer.

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 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.

The coding options listed 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

BackCancel

If not ready to "Submit", option to "Save as Draft" while waiting for missing information

Save as DraftSubmit

Home Phone
Mobile Phone
(123) 123-1234



Save as Draft, con't

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HOME CASES DRAFTS HELP

NMD PreAuth Form
PAF-114306

Edit Delete Manage Files New Note

NMD PreAuth Form Name
PAF-114306

Pending Items

Division
NMD

▼ Patient Information

Patient First Name
Thomas

Patient Last Name
Shelby

Patient Date of Birth
1/1/1941

Patient Gender
M

Patient Address
123 Test Drive

Patient City
Cincinnati

Patient State
OH

Patient Zip
45202

Home Phone
(123) 123-1234

Patient Email
test@test.com

▼ Insurance Details

NMD Codes/Units (0)

Files (1)

Case
Feb 2...

Notes (0)

Updates (Edit, Delete, Manage Files, New Notes) can be made at any time when in "Draft" status. Click the Pending Items "Pencil" to open an area that can be used to keep track of missing documentation.

IMPORTANT

A case saved as 'Draft' is only visible to the practice/portal coordinator. The BSC team will not have visibility to the record or receive the case until it has been fully 'submitted' by the portal user.

HOME CASES DRAFTS HELP

NMD PreAuth Form
PAF-114306

Edit Delete Manage Files New Note

NMD PreAuth Form Name
PAF-114306

* = Required Information

Pending Items

Available Chosen

Most Recent C... MRI Report

Patient Author...

Insurance ID C...

View all dependencies

Division
NMD

▼ Patient Information

Patient First Name
Thomas

Patient Last Name
Shelby

Cancel Save



Save as Draft, con't

HOME CASES DRAFTS HELP

NMD PreAuth Form
PAF-114306

Manage Files New Note

NMD PreAuth Form Name
PAF-114306

Pending Items
MRI Report/Insurance ID Card

Division
NMD

▼ Patient Information

Patient First Name
Thomas

Patient Last Name
Shelby

NMD Codes/

Files (1)

Case Ent...
Feb 27, 2...

Pre-Auth Form

Therapy

* Therapy Type
☐ Spinal Cord Stimulator ☐ Interspinous Spacer ☒ Basivertebral Nerve Ablation

Patient Information

* Patient's First Name
Thomas

* Patient's Last Name
Shelby

* DOB
01/01/1941

* Gender
M

* City
Cincinnati

* Address
123 Test Drive

* State
OH

* Zip
45202

* Home Number
(123) 123-1234

* Mobile Number

* Email
test@test.com

Insurance Details

Pre-Auth Form

Physician Certification

By submitting this request to Boston Scientific, the account identified in this request represents that the physician identified in this request completed this in its entirety (or reviewed it carefully after it was completed by an employee under their direction), and the information provided by the physician/physician's staff, including the patient diagnosis, codes selected, and supporting medical documentation is true, accurate, and complete to the best of their knowledge. The physician also certifies that this procedure is medically necessary. It is the responsibility of the provider to verify appropriate coding with the payer.

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 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.

The coding options listed 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.

Back Cancel

Save as Draft Submit

When the case is ready for final review, click "Edit" while in "Draft" status to be taken to the original interface. Page through all tabs to ensure accuracy, then click "Submit" button.



Save as Draft, con't

The screenshot displays the 'CASES' tab in the Boston Scientific Case Management System. The interface includes a top navigation bar with 'HOME', 'CASES', 'DRAFTS', and 'HELP'. A case titled 'Case James Sweet' is shown with patient details: Patient Name (Shelby, Thomas), Status (New), Case Type (Initial Submission), Procedure (BVNA), and Procedure Date. Below this is an 'Add Files' button and a status filter bar with options: New, In Progress, Closed Won, Closed Lost, Closed, and Cancelled. The main content area is divided into two columns. The left column contains fields for Case Number (15718706), Patient Name (Shelby, Thomas), Contact Name (James Sweet), Pre-Auth Form (PAF-114306), and a 'Case Information' section with Case Type (Initial Submission), Status (New), and Subject. The right column contains fields for Case Owner (BVN Intake Specialists), Patient DOB (1/1/1941), Account Name (NORTH HOUSTON SURGICAL HOSPITAL - HOUSTON, TX - 754095), Pre Auth Form Contact Name (Chenina Smith), Procedure (BVNA), Description, and Case Origin. On the far right, there is a 'Sort by:' dropdown set to 'Most Recent Activity', a search bar, and a list of activities. The first activity shows 'Chenina Smith (Customer) created this case. Just now' with a case icon and number 15718706, and a 'View more details' link. Below this is a 'Like' button and a 'Comment' button. A text input field for comments is highlighted with a red circle and a red arrow pointing to it. The input field contains the placeholder text 'Write a comment...'. At the bottom right, there is a section for 'Benefit Details (1)'.

Patient Name	Status	Case Type	Procedure	Procedure Date
Shelby, Thomas	New	Initial Submission	BVNA	

Add Files

New In Progress Closed Won Closed Lost Closed Cancelled

Case Number: 15718706
Patient Name: Shelby, Thomas
Contact Name: James Sweet
Pre-Auth Form: PAF-114306

Case Information

Case Type: Initial Submission
Status: New
Subject:

Case Owner: BVN Intake Specialists
Patient DOB: 1/1/1941
Account Name: NORTH HOUSTON SURGICAL HOSPITAL - HOUSTON, TX - 754095
Pre Auth Form Contact Name: Chenina Smith
Procedure: BVNA
Description:
Case Origin:

Sort by: Most Recent Activity

Chenina Smith (Customer) created this case. Just now

15718706
View more details

Like Comment

Write a comment...

Benefit Details (1)

When submitted, the new case record automatically displays. For future follow up, navigate to the correct case through the "Cases" tab.

NOTE: Use the comment box for case manager / portal coordinator communication

Please @ the Case Owner with any updates. If the Case Owner is not a person, @ the case manager that typically works your cases.

COMMUNICATION:

- Notification emails are sent to the Practice and Patient with important status updates, such as approvals, denials, and requests for additional information.
- Please inform patients to monitor their email for communication from their BSC case manager.
- The comment section in the portal case is used for routine updates and communication between our team and the PC.
- If you have general questions regarding the portal, or are experiencing access issues, please email IntracptPortalSupport@bsci.com and a team member will assist you.

APPROVALS:

- Authorizations:
 - Are specific to a SoS and physician
 - Have an expiration date – **if auth expires we will need to start the process over.**
 - Expiration date can usually be extended by the office by calling the payer before the expiration date. BSC cannot perform authorization extensions.
 - Approved patients can be scheduled upon receipt of authorization approval email.
- If a patient is no longer interested, please contact your territory manager.



Friendly Reminders

- **Access to Care services are provided to patients seeking treatment with the Intracept™ Procedure.** Authorization services are not provided for patients being treated with another basivertebral nerve ablation system.
- **Obtaining the patient's email is critical to our ability to communicate with the patient.** Please assure the patient that their email is for the sole use of the patient access team and is how we will communicate with them regarding their case. They should monitor their email throughout the process. We will never share or sell their email information.
- The practice portal coordinator who enters the case is the person who will receive communication from Intracept regarding the case. Other practice team members with access will still be able to view the case details and check status.
- Follow the patient case status by viewing the posts on the activity section of the case along with the case status.
- For any questions regarding the status of a specific case, send a post by @ mentioning the Case Owner.
- You cannot edit case information once the case has been submitted to the payer. If you need to update a site of service, physician, or insurance, please contact the Case Owner assigned to the case.
- Self-service password reset! You can reset your password on the login page, under the "forgot password?" link.



Resources

- For any questions related to post-service claim denials, authorizations obtained outside the Intracept portal, payer contracting/reimbursement for Intracept, or physician documentation improvement, please contact your **Reimbursement Business Manager**.
- For any questions or issues related to portal access, entering a case, or portal process, please email IntraceptPortalSupport@bsci.com.
- For questions related to specific case status, please contact the case manager listed on the case or post a case comment on the case.
- [Reimbursement Resources](#) – Save this link as a favorite on your internet browser for reference. This is a valuable resource for providers, billers, and portal coordinators.



You are ready to
enter your first case!



Indications For Use and Disclaimers

Boston
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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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