

Coverage Criteria Summary – EmblemHealth

Radiofrequency Ablation for Spinal Pain, Policy No. MG.MM.ME.39e

Intraosseous radiofrequency nerve ablation of the basivertebral nerve (i.e., Intracept™ Procedure)

EmblemHealth issued a coverage policy for the Intracept™ Procedure effective **02/14/25** for **Commercial and Medicare Advantage plans only**. 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:

Basivertebral nerve ablation from L3 through S1 may be considered medically necessary in individuals 18 and over when **ALL** of the following criteria have been met:

- ☐ 1. Skeletal maturity; **AND**
- ☐ 2. Chronic lower back pain > 6 months; **AND**
- ☐ 3. Failure to respond to 3 months of conservative management (e.g. nonsteroidal anti-inflammatory/opioid medications, chiropractic therapy/physical therapy and a home exercise program; **AND**
- ☐ 4. Vertebrogenic back pain as evidenced by Type I or Type II Modic changes on MRI – endplate hypo-intensity (Type I) or hyperintensity (Type II) on T1 images plus hyperintensity on T2 images (Type 1) involving in the endplates between L3 and S1.

Limitations:

Members should have no history of spinal fusion surgery in the vertebral level being treated.

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

Diagnosis Codes:

There is a variety of diagnosis codes that may represent this patient population. Commonly used diagnosis codes for Intracept Procedure patients listed within this coverage policy include: M47.816, M47.817, M54.50.

References:

https://www.emblemhealth.com/content/dam/emblemhealth/pdfs/provider/medical_policies/r/radiofrequency-ablation-for-spinal-pain-emblemhealth.pdf

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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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