

## Coverage Criteria Summary – Humana Medicare Advantage Neuroablative Techniques for Chronic Pain - Policy # HUM-1168-000

Humana issued a coverage policy for Medicare Advantage Members for the Intracept™ Procedure effective **12/10/24**. 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:

Humana Medicare Advantage members may be eligible under the Plan for denervation of the intraosseous basivertebral nerve via radiofrequency ablation (Intracept™ Intraosseous Nerve Ablation System) will be considered medically reasonable and necessary for the treatment of chronic low back pain when **ALL** of the following requirements are met:

- ☐ 1. Chronic lumbar back pain of at least 6 months duration that causes functional deficit measured on a pain or disability scale\*; **AND**
- ☐ 2. Documented failure to respond to at least 6 months of non-surgical management\*\*; **AND**
- ☐ 3. Absence of nonvertebrogenic pathology per clinical assessment or radiology studies that could explain the source of the individual's pain including, but not limited to, fracture, tumor, infection or significant deformity; **AND**
- ☐ 4. Evidence of Type 1 or Type 2 Modic changes on magnetic resonance imaging (MRI), such as inflammation, edema, vertebral endplate changes, disruption and fissuring of the endplate, vascularized fibrous tissues within the adjacent marrow, hypotensive signals (Type 1 Modic change) and changes to the vertebral body marrow including replacement of normal bone marrow by fat and hypertensive signals (Type 2 Modic change), in 1 or more vertebrae from L3-S1; **AND**
- ☐ 5. Individual must have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to thermal destruction of the intraosseous BVN (such screening must include psychological, as well as physical evaluation). Documentation of the history and careful screening must be available in the medical chart if requested; **AND**

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- ☐ 6. Thermal destruction of the intraosseous BVN must only be performed once per vertebral body from L3- S1 per lifetime. Up to 4 vertebral bodies may be treated during one procedure

\*Pain assessment and a disability scale must be obtained at baseline to be used for functional assessment.

\*\*Non-surgical management may include, but is not limited to:

- Avoidance of activities that aggravate pain;
- Trial of chiropractic manipulation;
- Trial of physical therapy (PT);
- Cognitive support and recovery reassurance;
- Injection therapy – epidural and/or facet;
- Spine biomechanics education;
- Specific lumbar exercise program;
- Home use of heat/cold modalities;
- Low impact aerobic exercise as tolerated;
- Pharmacotherapy (e.g., non-narcotic analgesics, nonsteroidal anti-inflammatory drugs [NSAIDs], muscle relaxants, neuroleptics and narcotics)

**NOTE:** Thermal destruction of the intraosseous BVN must only be performed once per vertebral body from L3-S1 per lifetime. Up to 4 vertebral bodies may be treated during 1 procedure.

### **Limitations:**

**Denervation of the intraosseous basivertebral nerve via radiofrequency ablation (Intrasept Intraosseous Nerve Ablation System)** will not be considered medically reasonable and necessary for the following:

- Active systemic infection or local infection at the intended treatment level;
- Active, untreated substance abuse disorder;
- Advanced generalized systemic disease that limits quality-of-life (QOL) improvements would require a statement of the objective of treatment in such cases;
- Bleeding diathesis;
- BMI greater than 40;
- Diagnosed osteoporosis (T-score of -2.5 or less), spine fragility fracture history, trauma/compression fracture at the intended treatment level, or spinal cancer;
- Pregnancy;
- Previous lumbar/lumbosacral spine surgery at the intended treatment level (with the exception of discectomy/laminectomy if performed greater than 6 months prior to BVN nerve ablation and radicular pain resolved);

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- Previous lumbar/lumbosacral spine surgery at the intended treatment level (with the exception of discectomy/laminectomy if performed greater than 6 months prior to BVN nerve ablation and radicular pain resolved);
- Primary radicular pain into the lower extremities (defined as nerve pain following a dermatomal distribution and that correlates with nerve compression on imaging);
- Primary symptomatic lumbar or lumbosacral spinal stenosis (defined as the presence of neurogenic claudication and confirmed by imaging);
- Radiographic evidence of any of the following that correlates with predominant physical complaints:
  - Lumbar/lumbosacral disc extrusion or protrusion greater than 5mm at levels L3-S1;
  - Lumbar/lumbosacral spondylolisthesis at least 2mm at any level;
  - Lumbar/lumbosacral spondylolysis at levels L3-S1;
  - Lumbar/lumbosacral facet arthrosis/effusion correlated with facet-mediated pain at levels L3-S1;
- Skeletally immature patients (18 years of age or older);
- Severe cardiac or pulmonary compromise

## 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://mcp.humana.com/tad/tad\\_new/Search.aspx?criteria=basivertebral+nerv&searchtype=freetext&policyType=both](https://mcp.humana.com/tad/tad_new/Search.aspx?criteria=basivertebral+nerv&searchtype=freetext&policyType=both)

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

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