INTRACEPT™
Vertebrogenic Pain Relief

Boston Scientific
Advancing science for life™

NYS Workers' Compensation Prior Authorization Submission

NYS Workers' Compensation utilizes their 2018 fee schedule for CPT code identification. The CPT codes 64628 and 64629 that were established in 2022 are not identified. For Intracept™ Procedure prior authorization, you must utilize the unlisted CPT code, 22899.

The Intracept Procedure is not listed in the Medical Treatment Guidelines but you will want to document medical necessity:

FDA Indications for Use:

Intraosseous basivertebral nerve ablation is considered **medically necessary** for members who meet the below criteria:

☐ 1. The member has a diagnosis and documentation of chronic low back pain of at least six months duration; **AND**

☐ 2. Documentation of unremitting back pain and significant functional impairment that persists despite at least six months of conservative treatment; **AND**

☐ 3. MRI has been performed and demonstrates Type 1 or Type 2 Modic changes at one or more vertebral endplates from level L3 to S1.

Question	**Response**
Request	Treatment/Testing
CPT Code	22899 (WCB is utilizing 2018 fee schedule)
Select MTG Site associated with this PAR	Mid and Low Back
Enter the Medical Treatment Guide Reference	NONE
Body Part	Thoracic, Lumbar & or Sacral Vertebrae (Vertebra NOC Trunk) Bone portion of the spinal column
Side of Body	Bilateral
Is the request treatment/testing a second or subsequent procedure?	No
Statement of Medical Necessity **(Copy and paste)**	Consider copying and pasting the latest office note that outlines medical necessity, otherwise attach the note and MRI report and note "see attached". To avoid denials stating the treatment is outside of the Medical Treatment Guidelines, document why treatment within the MTG is/has not been successful for the patient and why the Intracept Procedure is the appropriate treatment option.

DISCLAIMER: 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 understand and 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.

Indications for Use: The Intracept™ Procedure 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). Contraindications - Use of the Intracept Intraosseous Nerve Ablation System is contraindicated in: Patients with severe cardiac or pulmonary compromise, patients with active implantable pulse generators (e.g. pacemakers, defibrillators), patients where the targeted ablation zone is < 10 mm away from a sensitive structure not intended to be ablated, including the vertebral foramen (spinal canal), patients with active systemic infection or local infection in the area to be treated, patients who are pregnant, and/or skeletally immature patients (generally ≤ 18 years of age). Refer to the Instructions for Use provided with the Intracept Procedure or www.relievant.com/intracept/ for potential adverse effects, warnings, and precautions prior to using this product.

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.