INTRACEPT™
Vertebrogenic Pain Relief

Boston Scientific
Advancing science for life™

# Coverage Criteria Summary – Select Health

## Intracept™ Procedure Policy #648

Select Health issued a coverage policy for the Intracept Procedure effective **10/30/24**. 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. It is the provider's responsibility to ensure the most current version of the coverage policy is reviewed and followed.

**POLICY STATEMENT**

SelectHealth covers intraosseous ablation of the basivertebral nerve (Intracept Procedure), for members who meet all of the following criteria:

☐ 1. Has failed an adequate course of conservative treatment (at least 6 months), as defined by:
- NSAIDs/Analgesics > 3 weeks or contraindicated
- Activity modification > 6 weeks
- Physical therapy, or chiropractic therapy (minimum of 4 visits within a 3-month period); must have been performed within the previous 2 years. If there have been significant clinical changes or surgery has been performed in the previous 2 years, then repeat physical therapy or chiropractic therapy may be necessary; **and**

☐ 2. Type 1 and/or Type 2 Modic changes are present, and confirmed on radiologic report; **and**

☐ 3. Other sources of lower back pain have been ruled out, specifically radiofrequency of the facet joints is either not indicated, contraindicated, or have failed to relieve the lower back pain; **and**

☐ 4. Patient does not have significant radicular pain.

*Four vertebral bodies may be performed per procedure.
**The procedure may not be repeated for five years after the initial procedure.

**Note:** SelectHealth considers all other indications for intraosseous ablation of the basivertebral nerve (Intracept Procedure) to be investigational/experimental.

Disclaimer: Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. 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 that are rendered. 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.

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). 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.