

Coverage Criteria Summary – TRICARE Includes TriWEST and TRICARE East

TRICARE has issued a Notice for Plan Program Changes for Calendar Year 2026 (issued October 28, 2025), which includes coverage for Basivertebral Nerve Ablation.

Coverage Criteria & Documentation Requirements:

Basivertebral Nerve Ablation is generally covered, subject to the indications below and patient plan documents:

- ☐ 1. Skeletally mature (18 years of age or older); **AND**
- ☐ 2. Chronic low back pain (CLBP) for at least 6 months that has not responded to conservative care; **AND**
- ☐ 3. Modic Type 1 or 2 changed evidenced by MRI in at least one vertebral endplate, at one or more levels from L3-S1

Exclusions/Contraindications for Relevant RF Generator:

- a) Patients with implantable pulse generators (e.g., pacemakers, defibrillators) or other electronic implants.
- b) Situations where unintended tissue damage may result, based on the clinical assessment by the physician.
- c) Application with electrosurgical instruments NOT tested and specified for use with the Relevant RFG.
- d) Intracept Intraosseous Nerve Ablation System

Exclusions/Contraindication for Intracept Intraosseous Nerve Ablation System:

- a) Patients with severe cardiac or pulmonary compromise
- b) Patients with active implantable pulse generators (e.g. pacemakers, defibrillators)
- c) Patients where the targeted ablation zone is < 10mm away from a sensitive structure not intended to be ablated, including vertebral foramen (spinal canal)
- d) Patients with active systemic infection or local infection in the area to be treated
- e) Patients who are pregnant
- f) Skeletally immature patients (generally ≤ 18 years of age)

CPT 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://www.federalregister.gov/documents/2025/10/28/2025-19672/tricare-notice-of-tricare-plan-program-changes-for-calendar-year-cy-2026>

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View Boston Scientific Intracept Intraosseous Nerve Ablation System Indications, Safety, and Warnings at bostonscientific.com/intracpt-indications

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