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INTRACEPT™
Vertebrogenic Pain Relief

2024 PHYSICIAN REIMBURSEMENT

INDICATIONS FOR USE

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.

ICD-10-CM DIAGNOSIS CODING

Diagnosis codes are used by both physicians and facilities to document the indication for the procedure. It is recommended providers contact their Medicare Administrative Contractors (MACs) and/or third-party payers to confirm coverage and verify appropriate ICD-10 diagnosis codes. The following diagnosis codes may apply to patients undergoing the Intracept Procedure:

M47.816	Spondylosis w/o myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis w/o myelopathy or radiculopathy, lumbosacral region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M54.50	Low back pain
M54.51	Vertebrogenic low back pain; low back pain vertebral endplate pain

MEDICARE PHYSICIAN CODING, RELATIVE VALUE UNIT (RVU) AND PAYMENT FOR SERVICES PERFORMED IN A FACILITY SETTING

CPT[1] Code	Description	Work RVUs[2]	Total RVUs[2]	Payment Rate[3]
64628[4]	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; **first two vertebral bodies** lumbar or sacral	7.15	12.37	$411.77
+64629[5]	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; **each additional vertebral body,** lumbar or sacral (list separately in addition to code for primary procedure)	3.77	5.85	$194.73

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2 2024 CMS/PFS Final Rule, Addenda B (available on CMS website).
3 Medicare national average payment subject to geographic adjustment 2024 CMS/PFS Final Rule, Addenda B: work, practice expense, and malpractice RVUs multiplied by CY2024 conversion factor $33.2875 (available on CMS website). Physician payment amounts reflected are for services performed in a facility setting. There is no office payment assigned.
4 CPT code 64628 has a global period of 10 days.
5 Effective 4/1/24 CMS updated the Practitioner Services MUE files (https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/ medicare-ncci-medically-unlikely-edits).
MACs and commercial payers may stipulate specific vertebral body level limitations. Review any applicable Local Coverage Decisions (LCDs) and commercial policies.

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2024 HOSPITAL OUTPATIENT CODING AND PAYMENT

CPT[1] Code	Description	Status Indicator[5]	APC	Medicare	Private/Commercial
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; **first two vertebral bodies** lumbar or sacral	J1	5115	$12,552[2,3]	Contractual
+64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; **each additional vertebral body,** lumbar or sacral (list separately in addition to code for primary procedure)	N	N/A	Bundled	Contractual
C1889[4]	Implantable/insertable device, not otherwise classified (CMS requires HOPDs to report C1889 for device costs when there is no specific device C-code for a device intensive procedure)	N/A	N/A	Report with Revenue Code 278 with device charges	Contractual Report with Revenue Code 278 with device charges

2024 AMBULATORY SURGICAL CENTER CODING AND PAYMENT

CPT[1] Code	Description	Status Indicator[5]	APC	Medicare	Private/Commercial
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; **first two vertebral bodies** lumbar or sacral	J8	5115	$9,396[2]	Contractual
+64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; **each additional vertebral body,** lumbar or sacral (list separately in addition to code for primary procedure)	N	N/A	Bundled Note: ASCs do not report code to CMS	Contractual
C1889	Implantable/insertable device, not otherwise classified	N/A	N/A	Note: ASCs do not report C1889 to CMS	Contractual Report with Revenue Code 278 with device charges

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2 Medicare national average payment subject to geographic adjustment, 2024 CMS/OPPS/ASC Final Rule, Addenda AA and B (available on CMS website).
3 Medicare payment for hospital outpatient procedures is based on Ambulatory Payment Classifications (APCs). CPT codes 64628 and +64629 are assigned to APC 5115.
4 CPT code 64628 is designated as device-intensive by CMS. CMS requires HOPDs to report C1889 with revenue code 0278 for the device cost. Medicare may deny claims without device associated charges (CMS Manual System, transmittal 11305).
5 Status Indicator (SI) shows how a code is handled for payment purposes: J1= paid under comprehensive APC, single payment based on primary service without separate payment for other adjunctive services; J8= device intensive ASC procedures. N= ancillary HCPCS codes that are integral to the delivery of other procedures and services. Payment for this code type is "packaged" (bundled) into the payment for other services and therefore are not separately reimbursable.

To learn more about the Intracept Procedure, please visit intracept.com

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.

Questions

If you have reimbursement questions regarding the Intracept Procedure, please contact us at: claimsreimbursement@relievant.com