



CLINICAL GUIDELINES

CMM-403: Neurolytic Agent Creation of Lesion

Version 1.0

Effective July 1, 2021



Definitions

Red flags indicate comorbidities that require urgent/emergent diagnostic imaging and/or referral for definitive therapy.

For the purpose of this guideline, any of the following are considered to be red flags:

- ◆ Suspected unstable fractures of the spine which may be evidenced by a history of a recent fall or injury, and major motor weakness of a limb, or progressive neurological deficits, or bladder or bowel dysfunction.
- ◆ History of cancer with suspicion of metastatic spread which may be evidenced by major motor weakness of a limb, or pain which increases at night or at rest, or progressive neurological deficits, or bladder or bowel dysfunction, or unexplained weight loss of more than 10 pounds in 6 weeks.
- ◆ Infection with suspicion of an epidural abscess/discitis which may be evidenced by progressive neurological deficits, or fever of 100.4 for more than 48 hours, and C- reactive protein >10 mg/L, or recent (within 2 weeks) interventional spine procedures, or ESR >20 mm/hr, or immunocompromised (either immunodeficiency from any cause or IV drug abuse).
- ◆ Cauda equina syndrome which may be evidenced by bladder or bowel dysfunction, or saddle anesthesia, or progressive neurological deficits.

General Guidelines

The presence of a red flag condition does not preclude the certification for creation of lesion by neurolytic agent. Medical necessity must be met despite the presence of any red flag condition.

Indications

Creation of the initial lesion is considered **medically necessary** when all of the following are met:

- History, signs, and symptoms include both of the following:
 - ◆ Recurrent, severe, unilateral, shock-like pain in the forehead, and/or face, and/or jaw
 - ◆ There is a diagnosis of trigeminal neuralgia with evidence of consideration of alternative diagnoses
- Imaging which includes either of the following:
 - ◆ MRI demonstrates absence of an intra-cranial mass or multiple sclerosis
 - ◆ If multiple sclerosis, intracranial mass or other potentially causative condition is present, treatment in addition to percutaneous therapy has been planned or initiated
- Prior therapy which includes any of the following:
 - ◆ Neuropathic pain pharmacologic therapy with adequate dosing has been tried without adequate response
 - ◆ There is a recurrence of signs and symptoms after a period of response to Rx therapy

- ◆ There are contraindications to available pharmacologic therapies
- Planned treatment includes both of the following:
 - ◆ Imaging guidance with fluoroscopy or CT
 - ◆ Neurolytic method is thermal radiofrequency, glycerol, or alcohol

Creation of the second or subsequent lesion is considered **medically necessary** when all of the following are met:

- History, signs, and symptoms include all of the following:
 - ◆ Recurrent, severe, unilateral, shock-like pain in the forehead, and/or face, and/or jaw
 - ◆ There is a diagnosis of trigeminal neuralgia with evidence of consideration of alternative diagnoses
 - ◆ Previous neurolysis produced significant and durable pain relief
 - ◆ MRI at time of initial treatment demonstrated absence of an intra-cranial mass or multiple sclerosis
 - ◆ If multiple sclerosis, intracranial mass or other potentially causative condition is present, treatment in addition to percutaneous therapy has been prescribed
- Prior therapy includes both of the following:
 - ◆ There is a response of at least 6 months pain improvement after previous neurolysis
 - ◆ Neuropathic pain pharmacologic therapy with adequate dosing has been tried since recurrence of symptoms without adequate response or there are contraindications to available pharmacologic therapies
- Planned treatment includes both of the following:
 - ◆ Imaging guidance with fluoroscopy or CT
 - ◆ Neurolytic method is thermal radiofrequency, glycerol, or alcohol

Non-Indications

Creation of lesion by neurolytic agent is considered **not medically necessary** when performed without fluoroscopic or CT imaging guidance.

Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required. Pre- authorization requirements vary by individual payor.

CPT®	Code Description/Definition
61790	Creation of Lesion by Stereotactic* Method, Percutaneous, by Neurolytic Agent (e.g., Alcohol, Thermal, Electrical, Radiofrequency); Gasserian Ganglion
61791	Creation of Lesion by Stereotactic* Method, Percutaneous, by Neurolytic Agent (e.g., Alcohol, Thermal, Electrical, Radiofrequency); Trigeminal Medullary Tract

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary's policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so.

References

1. Gronseth G., Cruccu, G., Alksne, J., et al. Practice parameter: the diagnostic evaluation and treatment of trigeminal neuralgia (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology and the European Federation of Neurological Societies. *Neurology*. Oct 7 2008;71(15):1183-1190.
2. Singla A. Trigeminal Neuralgia Chapter 90. *Frontera: Essentials of Physical Medicine and Rehabilitation*. 2nd ed. Philadelphia, PA Saunders Elsevier 2008.
3. Trigeminal Neuralgia Fact Sheet <https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Trigeminal-Neuralgia-Fact-Sheet>.
4. Harries A. M., Mitchell, R. D. Percutaneous glycerol rhizotomy for trigeminal neuralgia: safety and efficacy of repeat procedures. *Br J Neurosurg*. Apr 2011;25(2):268-272.
5. Erdine S., Ozyalcin, N. S., Cimen, A., et al. Comparison of pulsed radiofrequency with conventional radiofrequency in the treatment of idiopathic trigeminal neuralgia. *Eur J Pain*. Apr 2007;11(3):309-313.
6. Singla A. Trigeminal Neuralgia 2nd ed. Philadelphia, PA Saunders Elsevier 2008.
7. Bennetto L., Patel, N. K., Fuller, G. Trigeminal neuralgia and its management. *BMJ*. Jan 27 2007;334(7586):201-205.
8. Bogduk N. Pulsed radiofrequency. *Pain Med*. Sep-Oct 2006;7(5):396-407.
9. Kanpolat Y., Savas, A., Bekar, A., et al. Percutaneous controlled radiofrequency trigeminal rhizotomy for the treatment of idiopathic trigeminal neuralgia: 25-year experience with 1,600 patients. *Neurosurgery*. Mar 2001;48(3):524-532; discussion 532-524.
10. Lopez B. C., Hamlyn, P. J., Zakrzewska, J. M. Systematic review of ablative neurosurgical techniques for the treatment of trigeminal neuralgia. *Neurosurgery*. Apr 2004;54(4):973-982; discussion 982-973.
11. Cheshire W. P. Trigeminal neuralgia: diagnosis and treatment. *Curr Neurol Neurosci Rep*. Mar 2005;5(2):79-85.
12. Cheshire W. P. Trigeminal Neuralgia. Mayo Clinic. February 2007 2007;11(1):69-74.
13. Zakrzewska J. M. Diagnosis and differential diagnosis of trigeminal neuralgia. *Clin J Pain*. Jan-Feb 2002;18(1):14-21.
14. Hojaili B., Barland, P. Trigeminal neuralgia as the first manifestation of mixed connective tissue disorder. *J Clin Rheumatol*. Jun 2006;12(3):145-147.
15. Cohen A. S., Matharu, M. S., Goadsby, P. J. Trigeminal autonomic cephalalgias: current and future treatments. *Headache*. Jun 2007;47(6):969-980.

16. DaSilva A. F., Goadsby, P. J., Borsook, D. Cluster headache: a review of neuroimaging findings. *Curr Pain Headache Rep.* Apr 2007;11(2):131-136.
17. Chole R., Patil, R., Degwekar, S. S., et al. Drug treatment of trigeminal neuralgia: a systematic review of the literature. *J Oral Maxillofac Surg.* Jan 2007;65(1):40-45.
18. Jorns T. P., Zakrzewska, J. M. Evidence-based approach to the medical management of trigeminal neuralgia. *Br J Neurosurg.* Jun 2007;21(3):253-261.
19. Rasche D., Kress, B., Schwark, C., et al. Treatment of trigeminal neuralgia associated with multiple sclerosis: case report. *Neurology.* Nov 9 2004;63(9):1714-1715.