



CLINICAL GUIDELINES

CMM-403: Neurolytic Agent Creation of Lesion

Version 1.0.2023
Effective May 31, 2023



eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

eviCore's Clinical Review Criteria ("CRC") and related content is made available for the limited uses of: reference; and individual use, only limited to facilitating the determination of medically necessary and appropriate clinical treatment by clinicians for specific delegated patients under their care. The CRC and related content is proprietary information of eviCore, and copyrighted to the full extent of the law. Except as expressly permitted, you may not modify, copy, reproduce, republish, upload, post, transmit, hyperlink to or from, or distribute in any way the CRC, nor may you sell, transfer, distribute, assign, lease, reproduce, or otherwise use the CRC in commerce, in a manner that competes with us or infringes upon our rights, or for any public or commercial endeavor without our prior and express written consent.

CPT® (Current Procedural Terminology) is a registered trademark of the American Medical Association (AMA). CPT® five digit codes, nomenclature and other data are copyright 2023 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in the CPT® book. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for the data contained herein or not contained herein.

Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.

CMM-403 Neurolytic Agent Creation of Lesion**Definitions****General Guidelines****Indications****Non-Indications****Procedure (CPT[®]) Codes****References**

Definitions

- **Neurolytic Creation of a Lesion (Neurolytic Block, Neurolysis):** the targeted destruction of a nerve or nerve plexus. Frequently, the term neuroablation is used to also describe the physical interruption of pain either chemically, thermally, or surgically.
- **Red flags:** 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 flag conditions:
 - ◆ 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

Application of Guideline

- 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.
- This guideline only applies to the neurolytic creation of a lesion for trigeminal neuralgia and not for other conditions.

Method of Neurolytic Lesion Creation

- Neurolytic creation of a lesion is only permitted with the use of **ANY** of the following methods or chemical agents
 - ◆ Thermal Radiofrequency
 - ◆ Glycerol Block
 - ◆ Alcohol Block

Image Guidance

- Creation of lesion by neurolytic agent must be performed with fluoroscopic or CT imaging guidance.

Frequency & Number of Injections/Procedures

- Only one invasive modality or procedure may be performed on the same date of service
- Only one neurolytic creation of lesion procedure is permitted in a six (6) month timeframe

Indications

Creation of the Initial Lesion

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, there is treatment that has been planned or initiated for the condition in addition to percutaneous therapy with neurolytic creation of a lesion
- Prior pharmacologic therapy for neuropathic pain which includes **ANY** of the following:
 - ◆ There has not been an adequate response to pharmacologic therapy for neuropathic pain despite adequate dosing
 - ◆ There is a recurrence of signs and symptoms after a period of an adequate response to pharmacologic therapy for neuropathic pain
 - ◆ There are contraindications to available pharmacologic therapies for neuropathic pain
- Planned neurolytic creation of a lesion 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

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
 - ◆ 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
- There is a response of at least 6 months pain improvement after previous neurolysis
- Prior pharmacologic therapy for neuropathic pain includes **EITHER** of the following:
 - ◆ There is a recurrence of signs and symptoms that do not adequately respond to adequate dosing with pharmacologic therapy for neuropathic pain
 - ◆ There are contraindications to available pharmacologic therapies for neuropathic pain
- Planned neurolytic creation of a lesion treatment includes **BOTH** of the following:
 - ◆ Imaging guidance with fluoroscopy or CT
 - ◆ Neurolytic method is thermal radiofrequency, glycerol, or alcohol

Non-Indications

Not Medically Necessary

- Neurolytic creation of a lesion performed without meeting the requirements listed in the **Definitions**, the **General Guidelines**, and the **Indications** sections is considered **not medically necessary**.

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.
20. D'Souza RS, Hooten WM. Neurolytic Blocks. In STATPearls [Internet]. © 2022, StatPearls Publishing LLC. Last update 2022 July 25. <https://www.ncbi.nlm.nih.gov/books/NBK537360/>.