CLINICAL GUIDELINES

CMM-208: Radiofrequency Joint Ablations/Denervations

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

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CMM-208: Radiofrequency Joint Ablations/Denervations

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CMM-208.1: Definitions

- **Radiofrequency joint denervation/ablation** (i.e., facet neurotomy, facet rhizotomy) refers to the insertion of a radiofrequency probe towards the medial branch of the posterior primary rami, which supplies the innervation to the facet joints under fluoroscopic guidance. The radiofrequency electrode is then utilized to create a "continuous" heat lesion by coagulating the nerve supplying the joint with the intention of providing pain relief by denervating the painful facet joint. The injection/block applies directly to the facet joint(s) blocked/ablated and not to the number of nerves blocked/ablated that innervate the facet joint(s).

CMM-208.2: General Guidelines

- The determination of medical necessity for the performance of radiofrequency joint denervations/ablations is always made on a case-by-case basis.
- When performing radiofrequency joint denervations/ablations, it may be necessary to perform the procedure at the same level(s) bilaterally; however, no more than three (3) levels should be performed during the same session/procedure.
- When performing a repeat radiofrequency joint denervation/ablation at the same spinal level(s) as a prior successful denervation/ablation procedure, further diagnostic facet joint injections/medial branch blocks at that spinal level(s) are not necessary.

CMM-208.3: Indications

- A radiofrequency joint denervation/ablation is considered **medically necessary** for facet mediated pain resulting from disease, injury, or surgery when **ALL** of the following are met:
  - Clinical findings and imaging studies suggest no other obvious cause of the pain (e.g., central spinal stenosis with neurogenic claudication/myelopathy, foraminal stenosis or disc herniation with concordant radicular pain/radiculopathy, infection, tumor, fracture, pseudoarthrosis, pain related to spinal instrumentation).
  - Failure of at least three (3) months of conservative therapy (e.g., exercise, physical methods including physical therapy, chiropractic care, nonsteroidal anti-inflammatory drugs [NSAID's] and/or analgesics) unless contraindicated and the reason(s) for the contraindication(s) is/are documented in the medical record
  - Two positive diagnostic facet joint injections/medial branch blocks as evidenced by at least 80% relief of facet mediated pain for at least the expected minimum duration of the effect of the local anesthetic used.
- For an individual with a prior spinal fusion, radiofrequency joint denervation/ablation is considered **medically necessary** when the above criteria are met and the procedure is performed at an unfused spinal segment located either above or below the fused spinal segment.
- A repeat radiofrequency joint denervation/ablation when **BOTH** of the following criteria are met:

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- There is documented pain relief of at least 50% which has lasted for a minimum of 12 weeks
- The procedure is performed at a minimum of six months following the prior denervation/ablation.

CMM 208.4: Non-Indications

- Performance of a radiofrequency joint denervation/ablation for **ANY** of the following indications is considered **not medically necessary**:
  - When performed without the use of fluoroscopic guidance
  - Performing more than two procedures at the same level(s) during a 12 month period of time
  - In the absence of two sequential positive diagnostic facet joint injections/medial branch blocks at the same level(s) for an initial radiofrequency treatment, or for a repeat radiofrequency treatment in the absence of at least 50% relief of facet mediated pain for at least 6 months from a previous radiofrequency treatment at the same level(s).
  - When performed for neck pain or low back pain in the presence of an untreated radiculopathy
  - When performed at a posteriorly fused spinal motion segment (with the exception of patients with clinically suspected pseudarthrosis)
  - When performed on more than three (3) contiguous spinal joint levels during the same session/procedure
  - When performed to treat pain arising from above C2-3 and below L5-S1 spinal levels
- Performance of radiofrequency joint denervation/ablations for **ANY** of the following indications is considered **experimental, investigational, or unproven**:
  - Pulsed radiofrequency ablation for chronic pain syndromes
  - Endoscopic radiofrequency denervation/endoscopic dorsal ramus rhizotomy
  - Cryoablation/cryoneurolysis/cryodenervation
  - Chemical ablation (e.g., alcohol, phenol, glycerol)
  - Laser ablation
  - Ablation by any method for sacroiliac (SI) joint pain
  - Cooled radiofrequency ablation

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CMM-208.5: 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.	
CPT®	**Code Description/Definition**
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT), cervical or thoracic, single facet joint
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT), lumbar or sacral, single facet joint
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
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 health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules.	

CMM-208.6: References

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