



CLINICAL GUIDELINES

CMM-403: Neurolytic Agent Creation of Lesion

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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.

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

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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

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

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.

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