Cigna Medical Coverage Policies – Musculoskeletal Ablations/Denervations of Facet Joints and Peripheral Nerves

Effective November 1, 2024

Instructions for use

The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer's benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

CMM-208: Ablations/Denervations of Facet Joints and Peripheral Nerves

Definitions

- **Axial**: Relating to or situated in the central part of the body, in the head and trunk as distinguished from the limbs, e.g., axial skeleton.
- **Cervical Facet Pain**: Pain located in the cervical spine, which may be characterized by chronic headaches, restricted motion, and axial neck pain, which may radiate sub-occipitally to the shoulders or mid-back.
- **Facet Joint Pain**: A set of concurrent signs or symptoms to describe the facet joint as the pain generator. The typical clinical signs or symptoms may include local paraspinal tenderness; pain that is brought about or increased on hyperextension, rotation, and lateral bending; low back stiffness; absence of neurologic deficit; absence of root tension signs (non- radiating below the knee, absence of paresthesia).
- **Facet (Zygapophyseal) Joints:** paired, diarthrodial synovial joints located between the superior and inferior articular pillars in the posterior spinal column, innervated by medial branch nerves, from C2-3 to L5–S1.
  - **Note**: The following articulations are not facet joints:
    - Atlanto-occipital articulation (located between occiput – atlas [C1])
    - Atlanto-axial articulation (located between atlas [C1] and the axis [C2])
    - Below L5–S1 (sacrum)
- **Facet Level:** the zygapophyseal joint or the two medial branch (MB) nerves that innervate that zygapophyseal joint. Each level has a pair of facet joints: one on the right side and one of the left side of the spine.
- **Positive Response** (to a diagnostic facet joint injection/medial branch block)**:** at least 80% relief of facet mediated pain for at least the expected minimum duration of the effect of the local anesthetic used.
- **Radiofrequency Joint Denervation/Ablation (RFA)** (i.e., facet neurotomy, facet rhizotomy)**:** Traditional or standard RFA involves the insertion of a radiofrequency probe (under fluoroscopic guidance) towards the medial branch of the posterior primary rami, which supplies the innervation to the facet joints. 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.
  - **Note**: The radiofrequency joint denervation/ablation applies directly to the facet joint(s) denervated/ablated and not to the number of nerves denervated/ablated that innervate the facet joint(s).
- **Region:** describes the segments of the spine as follows:
  - Cervical/Thoracic region= C1-C7/T1-T12
  - Lumbar/Sacral region= L1-L5/S1-S5

- **Session:** a time period, which includes all procedures (i.e., medial branch block [MBB], intra-articular [IA] facet joint injection, and radiofrequency ablation [RFA]) performed on a single date of service.

General Guidelines

Application of Guideline

- In regards to radiofrequency joint denervation/ablation, this guideline only applies to radiofrequency joint denervation/ablation for facet-mediated pain and not for other indications/conditions that are not in scope of management for this guideline (i.e., third occipital nerve [TON] ablation for cervicogenic headaches).
  - Radiofrequency joint denervation/ablation should only be performed for axial cervical, thoracic, or lumbar pain in the absence of an untreated radiculopathy.
- In regards to peripheral nerve destruction, this guideline is applicable to requests for codes listed in the **Procedure Codes** section **and** only for conditions specifically addressed in this guideline. Use of these CPT codes for any other indication or condition is not in scope for this guideline.
- The determination of medical necessity for the performance of radiofrequency joint denervations/ablations is always made on a case-by-case basis.

Image Guidance

- Radiofrequency joint denervation/ablation should be performed with CT or fluoroscopic guidance.

Frequency & Number of Procedures

- Only one invasive modality or procedure will be performed on the same date of service (e.g., facet joint injection, medial branch block, epidural steroid injection, and sacroiliac joint injection).
- When criteria have been met, no more than two (2) radiofrequency joint denervation/ablation procedures at the same level(s) are permitted during a rolling 12 month period of time.
  - **Note**: At least six (6) months is required between radiofrequency joint denervation/ablation procedures

Levels

- Radiofrequency joint denervations/ablations are permitted on no more than three (3) contiguous facet joint levels (whether unilateral or bilateral), during the same session.
  - If performed bilaterally during the same session, up to a total of six (6) radiofrequency joint denervations/ablations at contiguous facet levels may be performed during that session.
- When criteria have been met, radiofrequency joint denervations/ablations are only permitted from levels C2-3 to L5-S1.

- **Note**: The radiofrequency joint denervation/ablation applies directly to the facet joint(s) denervated/ablated and not to the number of nerves that innervate the facet joint(s).

➢ Radiofrequency joint denervations/ablations are only permitted when performed at an unfused posterior spinal motion segment(s).
- **Criteria exception**: An exception is allowed for individuals with clinically suspected pseudoarthrosis at the posteriorly-fused spinal motion segment(s).

Indications

Initial Radiofrequency Joint Denervation/ Ablation

➢ A radiofrequency joint denervation/ablation is considered **medically necessary** for facet-mediated axial cervical, thoracic, or lumbar pain resulting from disease, injury, or surgery when **ALL** of the following criteria have been met:
- Pain has persisted for at least 3 months
- In the past 3 months, pain has persisted despite at least four (4) weeks of conservative therapy (e.g., exercise, physical therapy, chiropractic care, or medications to include nonsteroidal anti-inflammatory drugs [NSAID's] or analgesics)
  - **Note**: If conservative treatment is contraindicated, the reason(s) for the contraindication(s) is/are required to be documented in the medical record
- There has been a documented positive response with two (2) sequential diagnostic facet joint injections/medial branch blocks at the same level(s)
  - Positive response is 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.
- 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)
- The spinal motion segment(s) is not posteriorly-fused at the requested level(s)
  - **Criteria exception**: An exception is allowed for individuals with clinically suspected pseudoarthrosis at the posteriorly-fused spinal motion segment(s).

➢ For an individual with a prior spinal fusion, radiofrequency joint denervation/ablation performed at an unfused spinal segment located either above or below the posterior fused spinal segment is considered **medically necessary** when the above criteria have been met.

Repeat Radiofrequency Joint Denervation/Ablation

- A repeat radiofrequency joint denervation/ablation is considered **medically necessary** when **BOTH** of the following criteria have been met:
  - The procedure is performed at a minimum of six (6) months following the prior denervation/ablation
  - There is documented pain relief of at least 50% which has lasted for a minimum of 12 weeks
- **Note**: 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.

Non-Indications

Not Medically Necessary

- Radiofrequency joint denervations/ablations performed without meeting the criteria listed in the **Definitions**, the **General Guidelines**, and the **Indications** sections are considered **not medically necessary.**

Techniques for Denervation/Ablations of Facet Joints

- Facet joint radiofrequency denervation/ablation performed using **ANY** of the following techniques is considered **not medically necessary**:
  - Pulsed radiofrequency ablation
  - Endoscopic radiofrequency denervation/endoscopic dorsal ramus rhizotomy
  - Cryoablation/cryoneurolysis/cryodenervation
  - Chemical ablation (e.g., alcohol, phenol, glycerol)
  - Laser ablation
  - Cooled radiofrequency ablation

Conditions

- Facet joint radiofrequency denervation/ablation performed for the treatment of chronic pain syndromes is considered **not medically necessary**.

Experimental, Investigational, or Unproven (EIU)

- Radiofrequency ablation of the intraosseous basivertebral nerve for the treatment of vertebrogenic back pain is considered **experimental, investigational, or unproven (EIU)**.
- Radiofrequency denervation/ablation of the nerves innervating the sacroiliac joint for the treatment of sacroiliac (SI) joint pain is considered **experimental, investigational, or unproven (EIU)**.
  - For SI joint ablation refer to **CMM-203: Sacroiliac Joint Procedures**

Procedure (CPT®) Codes (CMM-208)

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
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral
+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)
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.

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