



CLINICAL GUIDELINES

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

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EviCore
By ~~EVERNORTH~~

EviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging 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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Definitions

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Definitions

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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 on 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 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

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General Guidelines

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Application of Guideline

- In regard to radiofrequency joint denervation/ablation, the associated guideline criteria are applicable to requests for radiofrequency joint denervation/ablation for facet-mediated pain.
 - Requests for these CPT® codes used for any other indication or condition (i.e., third occipital nerve [TON] ablation for cervicogenic headaches) are considered **not in scope** for this guideline.
- In regard to peripheral nerve destruction, the associated guideline criteria are applicable to requests for codes listed in the Codes section when used for conditions specifically addressed in this guideline.
 - Requests for these CPT® codes used for any other indication or condition are considered **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).

Health Equity Considerations

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Indications

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Initial Radiofrequency Joint Denervation/ Ablation

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- A radiofrequency joint denervation/ablation is considered **medically necessary** for facet-mediated cervical, thoracic, or lumbar axial pain resulting from disease, injury, or surgery when ALL of the following criteria have been met:
 - Pain has persisted for at least three (3) months.
 - In the past three (3) months pain has persisted despite at least four (4) weeks of conservative treatment (e.g., exercise, physical therapy, chiropractic care, or medications to include nonsteroidal anti-inflammatory drugs [NSAIDs] 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 cervical, thoracic, or lumbar axial pain (e.g., central spinal stenosis with neurogenic claudication/myelopathy; foraminal stenosis or disc herniation with concordant radicular pain/radiculopathy that has been treated; 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 above or below the posteriorly-fused spinal segment) is considered **medically necessary** when the above criteria have been met.

Repeat Radiofrequency Joint Denervation/Ablation

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- 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 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

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Non-Indications

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Not Medically Necessary

Facet Joint Denervation/Ablation

- Facet joint radiofrequency joint denervation/ablation performed without meeting the criteria in **Definitions**, **General Guidelines**, and **Indications** sections are considered **not medically necessary**.
- Facet joint radiofrequency joint 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

Peripheral Nerve Destruction

- Peripheral nerve destruction is considered **not medically necessary** for the treatment of ANY of the following conditions:
 - chronic pain syndromes
 - foot/heel pain
 - hip pain
 - knee pain
 - shoulder pain
- Peripheral nerve destruction performed using ANY of the following techniques is considered **not medically necessary**:
 - pulsed radiofrequency ablation
 - endoscopic radiofrequency denervation/endoscopic dorsal ramus rhizotomy
 - chemical ablation (e.g., alcohol, phenol, glycerol)
 - laser ablation
 - cooled radiofrequency ablation

Experimental, Investigational, or Unproven (EIU)

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

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Codes (CMM-208)

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The inclusion of any code in this table does not imply that the code is under management or requires prior authorization. Refer to the applicable health plan for management details. Prior authorization of a code listed in this table is not a guarantee of payment. The Certificate of Coverage or Evidence of Coverage policy outlines the terms and conditions of the member's health insurance policy.

Code	Code Description/Definition
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
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)
64632	Destruction by neurolytic agent, plantar common digital nerve
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)
64640	Destruction by neurolytic agent, other peripheral nerve or branch

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