



CLINICAL GUIDELINES

CMM-403: Neurolytic Agent Creation of Lesion Guidelines

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EviCore
By **EVERNORTH**

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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CMM-403: Neurolytic Agent Creation of Lesion**Definitions****General Guidelines****Indications****Non-Indications****Codes (CMM-403)****References (CMM-403)**

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 that 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 six (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 that 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 have been 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 have been 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 criteria listed in the **Definitions**, the **General Guidelines**, and the **Indications** sections is considered **not medically necessary**.

Codes (CMM-403)

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
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

References (CMM-403)

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