CIGNA MEDICAL COVERAGE POLICIES - MUSCULOSKELETAL

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

Effective Date: August 04, 2026

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.

These guidelines include procedures EviCore does not review for Cigna. Please refer to the **Cigna CPT code list** for the current list of high-tech imaging procedures that EviCore reviews for Cigna.

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Definitions

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.

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Facet Joint Radiofrequency 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 facet joint radiofrequency denervation/ablation applies directly to the facet joint(s) denervated/ablated and not to the number of nerves that innervate the facet joint(s).
Positive Response (to a diagnostic facet joint injection/medial branch nerve block)	at least 80% relief of facet-mediated pain for at least the expected minimum duration of the effect of the local anesthetic used.
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., epidural steroid injection, selective nerve root block, facet joint injection, medial branch nerve block [MBB], and facet joint radiofrequency ablation [RFA]) performed on a single date of service.

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General Guidelines

General Guidelines

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Application of Guideline

- In regard to facet joint radiofrequency denervation/ablation, the associated guideline criteria are applicable to requests for facet joint radiofrequency denervation/ablation for facet-mediated pain.
- 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 facet joint radiofrequency denervations/ablations is always made on a case-by-case basis.

Image-Guidance

- When criteria have been met, facet joint radiofrequency denervation/ablation is considered **medically necessary** when performed with CT- or fluoroscopic-guidance.

Frequency & Number of Procedures

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

Levels

- When criteria have been met, facet joint radiofrequency denervations/ablations performed at no more than three (3) contiguous levels (whether unilateral or bilateral), during the same session are considered **medically necessary**.
  - If performed bilaterally, up to a total of six (6) facet joint radiofrequency denervations/ablations are considered **medically necessary** during the same session.

- When criteria have been met, facet joint radiofrequency denervations/ablations are considered **medically necessary** only from levels C2-3 to L5-S1.
  - **Note**: The facet joint radiofrequency denervation/ablation applies directly to the facet joint(s) denervated/ablated and not to the number of nerves that innervate the facet joint(s).
- When criteria have been met, facet joint radiofrequency denervations/ablations are considered **medically necessary** only when performed at unfused posterior spinal 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 Facet Joint Radiofrequency Denervation/Ablation

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- A facet joint radiofrequency denervation/ablation is considered **medically necessary** when ALL of the following criteria have been met:
  - Performed for facet-mediated cervical, thoracic, or lumbar axial pain resulting from disease, injury, or surgery.
  - 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 nerve 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(are) 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, facet joint radiofrequency denervation/ablation, when performed at an unfused spinal level contiguous with the fused spinal motion segment, is considered **medically necessary** when the above criteria have been met.

Repeat Facet Joint Radiofrequency Denervation/Ablation

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- A repeat facet joint radiofrequency denervation/ablation is considered **medically necessary** when ALL 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 at least 12 weeks.
  - 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).
- **Note**: When performing a repeat facet joint radiofrequency 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(those) spinal level(s) is(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 denervation/ablation performed without meeting the criteria in **Definitions**, **General Guidelines**, and **Indications** sections are considered **not medically necessary**.
- 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

Experimental, Investigational, or Unproven (EIU)

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

Codes (CMM-208)

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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
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)

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