



CLINICAL GUIDELINES

CMM-403: Neurolytic Agent Creation of Lesion

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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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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 treatment. ANY of the following are considered to be red flag conditions:

- 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 six (6) weeks.
- infection with suspicion of an epidural abscess/discitis which may be evidenced by progressive neurological deficits, or fever of 100.4°F for more than 48 hours, and C-reactive protein >10mg/L, or recent (within two [2] weeks) interventional spine procedures, or erythrocyte sedimentation rate (ESR) >20mm/hr, or immunocompromised (either immunodeficiency from any cause or IV drug abuse).
- cauda equina syndrome which is evidenced by bladder or bowel dysfunction, or saddle anesthesia, or progressive neurological deficits.

General Guidelines

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General Guidelines

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Application of Guideline

- The presence of a red flag condition does not preclude the certification for neurolytic creation of a lesion.
 - Medical necessity must be met despite the presence of ANY red flag condition.
- The guideline criteria are only applicable to neurolytic creation of a lesion for trigeminal neuralgia and not for other conditions.

Method of Neurolytic Creation of Lesion

- When criteria have been met, neurolytic creation of a lesion is considered **medically necessary** when performed with the use of ANY of the following methods or chemical agents:
 - thermal radiofrequency
 - glycerol block
 - alcohol block

Image Guidance

- When criteria have been met, neurolytic creation of a lesion is considered **medically necessary** when performed with CT- or fluoroscopic-guidance.

Frequency & Number of Injections/Procedures

- When criteria have been met, only one invasive modality or procedure performed on the same date of service is considered **medically necessary**.
- When criteria have been met, only one neurolytic creation of lesion procedure is considered **medically necessary** during a six (6) month period.

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.

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Indications

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Creation of the Initial Lesion

Neurolytic creation of the initial lesion is considered **medically necessary** when ALL of the following criteria 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 includes EITHER of the following:
 - MRI shows 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

Creation of the Second or Subsequent Lesion

Neurolytic creation of the second or subsequent lesion is considered **medically necessary** when ALL of the following criteria 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 includes EITHER of the following:
 - 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, there is treatment that has been planned or initiated for the condition, in addition to percutaneous therapy with neurolytic creation of a lesion.
- There is pain improvement lasting at least six (6) months following the previous neurolysis
- Prior pharmacologic therapy for neuropathic pain includes EITHER of the following:
 - 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

Non-Indications

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Non-Indications

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Not Medically Necessary

- Neurolytic creation of a lesion performed without meeting the criteria in the **Definitions**, the **General Guidelines**, and the **Indications** sections is considered **not medically necessary**.

Codes (CMM-403)

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Codes (CMM-403)

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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
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

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