Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Radiofrequency Ablation/Denervation:
Non-pulsed percutaneous radiofrequency ablation/denervation of the facet joint for cervicogenic headache or chronic back pain (cervical, thoracic, and lumbar) that has failed conservative management (including but not limited to therapies such as non-steroidal /anti-inflammatory medications, physical therapy) is COVERED.

Pulsed percutaneous radiofrequency ablation/denervation of the facet joint for cervicogenic headache or chronic back pain is investigative and unproven and therefore NOT COVERED. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Non-pulsed, pulsed and cooled percutaneous radiofrequency ablation/denervation of the sacroiliac joint is investigative and unproven and therefore NOT COVERED. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Laser Ablation/Denervation:
Laser ablation/denervation of facet or sacroiliac joints is investigative and unproven and therefore NOT COVERED. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: See also related Medica coverage policy, Laser Therapy for Treatment of Pain.

Description

Radiofrequency Ablation/Denervation:
Radiofrequency ablation (RFA) is a percutaneous procedure in which sensory afferent nerve fibers are selectively destroyed or ablated by heat produced by radio waves delivered through an electrode. Treatment objectives are to eliminate pain, reduce the likelihood of recurrence, and prolong the times to recurrence by selectively destroying pain fibers without inducing excessive sensory loss, motor dysfunction, or other complications. However, the nerves may regenerate and repeat procedures may be needed. This procedure may also be known as non-pulsed...
radiofrequency denervation, facet neurotomy, percutaneous facet coagulation, percutaneous radiofrequency neurotomy, facet rhizotomy, and articular rhizolysis. In addition, the structures to which the ablation energy is directed may be referred to as facet joint, facet nerves, medial nerve or branch, median nerve or branch, or dorsal root ganglion.

Pulsed RFA (PRFA) has been introduced as a nonablative alternative to RFA. PRFA delivers short bursts of radiofrequency (RF) current, instead of the continuous flow of RF current produced by continuous RF generators. This allows the tissue to cool between bursts, theoretically resulting in considerably lower maximum temperatures as compared with the continuous mode, and reduces the risk of neighboring tissue destruction. It is purported to not destroy targeted nerves and surrounding tissue and would therefore require less precise electrode placement.

Cooled radiofrequency denervation is similar to conventional radiofrequency denervation (RFD) with the addition of sterile water pumped through the device to circulate and cool the RF probe. The purported advantages of cooled-tip probes are larger heating distances and greater depth of lesions compared with conventional RFD. An additional proposed advantage of cooled RFD is that the needles are placed using a perpendicular rather than parallel trajectory, which is technically easier and causes less tissue trauma.

Generally intravenous conscious sedation is used during the initial phase of the procedure so that the patient can assist the physician in identifying the site of pain and the correct placement of the neurolytic agent. Using fluoroscopic guidance, a needle is inserted into the affected nerve root. Once the physician has determined that the electrode is positioned at the site responsible for the pain, a local anesthetic is administered and radiofrequency is applied. This procedure may be an outpatient or office-based procedure.

**Laser Ablation/Denervation:**
Laser ablation/denervation is a minimally invasive procedure purported to relieve pain caused by arthritis, damage, or other diseases affecting facet or sacroiliac joints. A small incision is made over the affected facet or sacroiliac joint(s). Using fluoroscopic guidance, a small tube is inserted through which a thin wire is passed to locate the nerve causing the pain. The wire is removed and a small laser is inserted, which is used to debride the joint and deaden the nerve that innervates the joint. A local anesthetic and sedation are administered, and the procedure generally takes less than an hour to perform. Following same-day discharge, follow-up is completed in the outpatient setting. Proponents of this treatment option claim that the procedure causes minimal tissue and muscle damage and, thus, shorter recover time.

**FDA Approval**
Radiofrequency ablation for back pain is a procedure and, therefore, is not subject to regulation by the Food and Drug Administration (FDA). However, many RFA devices have been FDA approved for use in performing RFA for neurosurgical procedures.

Laser ablation for back pain is a procedure and, therefore, is not subject to regulation by the FDA. However, numerous laser devices have been FDA approved as “powered laser surgical instruments.”

**Prior Authorization**
Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

**Coding Considerations**
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.
CPT Codes:

- 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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Re-Review Date(s): 1/22/2013
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3/20/2019
2/20/2020 – administrative update; format

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