# Medical Policy:

## Radiofrequency Ablation for Spinal Pain

| POLICY NUMBER | LAST REVIEW |
|---|---|
| MG.MM.ME.39d | January 19, 2023 |



## Definition

Radiofrequency ablation (RFA) (aka facet neurotomy, facet rhizotomy or articular rhizolysis) is a percutaneous treatment using radiowave-induced heat to create a lesion in a spinal sensory nerve. The goal of RFA is to relieve pain by interrupting the transmission of pain signals from the sensory nerve to the brain.

## Guideline

Members with moderate to severe cervical, thoracic or lumbar spinal pain are eligible for coverage of radiofrequency ablation (RFA) when the following criteria are met.

Supportive documentation that must be presented to the Plan includes the medical record on history, physical and radiographic evaluations.

1. Pain is secondary to facet joint origin, as evidenced by the absence of nerve root compression and radicular pain.[1]
2. Neuroradiologic studies do not confirm any disc herniation infection or tumor.

[1] Facet pain may occur in association with radiculopathy and in the presence of herniated disc.

3. Pain is refractory for a 6-month period and has failed to respond to 3 months of conservative management (e.g., nonsteroidal anti-inflammatory/opioid medications, chiropractic therapy/physical therapy and a home exercise program).
4. Demonstration of symptom relief secondary to a trial of 2 controlled diagnostic medial branch blocks provided under a standard alternating protocol of alternating short and long-acting anesthetic blocks. No IV sedation or opioids should be used during this.

## Limitations and Exclusions

1. Members should have no history of spinal fusion surgery in the vertebral level being treated.
2. Use of thermal RFA to destroy any other spinal structure other than the medial branch nerve is considered investigational and hence not covered.
3. Denervation procedures of the sacroiliac joint are considered experimental/investigational.
4. Non-thermal RF modalities for medial branch ablation including chemical, low-grade thermal, or pulsed radiofrequency ablation (CPT 64625) are not covered.
5. As results may be transient, a repeat RFA is considered medically necessary when a prior treatment has been successful as follows:
    - Maximum of 2 times over a 12-month period per side and level (i.e., no more than 2 procedures per year)
    - Achievement of ≥ 50% pain reduction in conjunction with functional improvement.
6. The following treatment protocols are not considered to be medically necessary:
    - > 1 treatment per level per side within a 6-month period.
    - > 2 treatments per year.
    - Long-term, repeated or maintenance. (Requests for treatment beyond the 1st year will be medical-director-reviewed)

    *Note: RFA performed to the medial branch nerves for a maximum of 3 facet levels, or denervation of 5 spinal medial branches unilaterally, <u>will</u> be allowed on a single visit.*
7. The following procedures are not considered medically necessary, as they are investigational:
    - Automated percutaneous lumbar discectomy (APLD)/automated percutaneous nucleotomy.
    - Coblation® Nucleoplasty™, disc nucleoplasty, decompression nucleoplasty plasma disc decompression.
    - Cryoneurolysis.
    - Devices for anular repair (e.g., Inclose™ Surgical Mesh System, Xclose™ Tissue Repair System).
    - Endoscopic epidural adhesiolysis.
    - Epiduroscopy, epidural myeloscopy, epidural spinal endoscopy.
    - Intervertebral disc biacuplasty.
    - Intraosseous basivertebral nerve radiofrequency ablation (Intracept System) (covered Medicare only, 64628 and 64629 eff. 01/01/2022)
    - Laser ablation.
    - Laser discectomy (percutaneous or laparoscopic), laser-assisted disc decompression (LADD), laser disc decompression.
    - Percutaneous epidural adhesiolysis, percutaneous epidural lysis of adhesions.
    - Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT), intradiscal radiofrequency.

- Thermomodulation, percutaneous radiofrequency thermomodulation, Intradiscal electrothermal annuloplasty (IDET)/ percutaneous intradiscal radiofrequency thermoc oagulation)/ SpineCATH™.
- Pulsed radiofrequency.
- Racz procedure (covered Medicare only, 62263 and 62264).
- Radiofrequency thermocoagulation for chronic coccydynia

## Procedure Codes

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| 62263 | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days (Medicare Only) |
| 62264 | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day (Medicare Only) |
| 64628 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral (Medicare Only) (eff. 01/01/2022) |
| 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) (Medicare Only) (eff. 01/01/2022) |
| 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) |

## ICD-10 Diagnoses

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| M12.88 | Other specific arthropathies, not elsewhere classified, other specified site |
| M47.11 | Other spondylosis with myelopathy, occipito-atlanto-axial region |
| M47.12 | Other spondylosis with myelopathy, cervical region |
| M47.13 | Other spondylosis with myelopathy, cervicothoracic region |
| M47.14 | Other spondylosis with myelopathy, thoracic region |
| M47.15 | Other spondylosis with myelopathy, thoracolumbar region |
| M47.16 | Other spondylosis with myelopathy, lumbar region |
| M47,811 | Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region |
| M47.812 | Spondylosis without myelopathy or radiculopathy, cervical region |
| M47.813 | Spondylosis without myelopathy or radiculopathy, cervicothoracic region |
| M47.814 | Spondylosis without myelopathy or radiculopathy, thoracic region |
| M47.815 | Spondylosis without myelopathy or radiculopathy, thoracolumbar region |

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| M47.816 | Spondylosis without myelopathy or radiculopathy, lumbar region |
| M47.817 | Spondylosis without myelopathy or radiculopathy, lumbosacral region |
| M47.818 | Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region |
| M53.0 | Cervicocranial syndrome |
| M53.1 | Cervicobrachial syndrome |
| M53.81 | Other specified dorsopathies, occipito-atlanto-axial region |
| M53.82 | Other specified dorsopathies, cervical region |
| M53.83 | Other specified dorsopathies, cervicothoracic region |
| M53.85 | Other specified dorsopathies, thoracolumbar region |
| M54.2 | Cervicalgia |
| M54.40 | Lumbago with sciatica, unspecified side |
| M54.41 | Lumbago with sciatica, right side |
| M54.42 | Lumbago with sciatica, left side |
| M54.5 | Low back pain |
| M54.6 | Pain in thoracic spine |
| M54.81 | Occipital neuralgia |
| M62.830 | Muscle spasm of back |
| M71.30 | Other bursal cyst, unspecified site |
| M71.38 | Other bursal cyst, other site |

## References


Carragee, E., Persistent Low Back Pain, The New England Journal of Medicine, Volume 352, No. 18, May 5, 2005.

Chou, Roger. Subacute and chronic low back pain: Nonsurgical interventional treatment. In UpToDate, Atlas, Steve J (Ed), Waltham, MA, 2010.

Diwan, A., and S. Khan, Chronic low back pain: issues and management, part I, Orthopedic Clinics of North America, Vol. 34, No. ix, 2003.

Doleys, D., and B. Dinoff, Psychological aspects of interventional therapy, Anesthesiology Clinics of North America, Vol. 21, 767-783, 2003.

Hayes Inc. Hayes Medical Technology Directory. Ablation for Chronic Low Back Pain. Lansdale, PA: Hayes, Inc.; August 2009.

Hayes Inc. Hayes Medical Technology Directory. Radiofrequency Ablation for Cervical and Thoracic Back Pain. Lansdale, PA: Hayes, Inc.; October 2009.

Helm S, Hayek SM, Benyamin R, Manchikanti L. Systematic review of the effectiveness of thermal annular procedures in treating discogenic low back pain. Pain Physician 2009; 12(1): 207-232

Hooten, M., et al., Radiofrequency Neurotomy for Low Back Pain: Evidence-Based Procedural Guidelines, Pain Medicine, Vol. 6, No. 2, 2005.

J. Gossner : Radiofrequency denervation of the facet joints in chronic low back pain- a short review. *The Internet Journal of Radiology.* 2010 Volume 12 Number 1.

Lord S.M., et al. Percutaneous Radio-Frequency Neurotomy for Chronic Cervical Zygapophyseal-Joint Pain. The New England Journal of Medicine Vol. 335 No. 23, 1721-1726, December 5, 1996.

Mikeladze, G., et al., Pulsed radiofrequency application in treatment of chronic zygopophyseal joint pain, The Spine Journal, Vol. 3, Issue 5, September 2003.

Niemisto L, Kalso E, Malmivaara A, et al. Radiofrequency denervation for neck and back pain. A systemic review of randomized controlled trials (Cochrane Review) in: The Cochrane Library, Issue 1, 2003. Oxford: Update Software. Date of most recent substantive amendment: 5 April 2002.

Spinal Pain: Evidence-Based Practice Guidelines, Pain Physicians, Vol. 8, No.1, 1-47, 2005.

Staats, P., Interventional pain management, Anesthesiology Clinics of North America, Vol. 21, Issue 4, Xiii-xiv, December 2003.

U.S. Department of Health and Human Services, National Center for Health Statistics, Health, United States, 2005 With Chartbook on Trends in the Health of Americans, 2005.

Maas ET, et al. Radiofrequency denervation for chronic low back pain. Cochrane Database of Systematic Reviews 2015, Issue 10. Art. No.: CD008572. DOI: 10.1002/14651858.CD008572.pub2.

Manchikanti L, Hirsch JA, Falco FJ, Boswell MV. Management of lumbar zygapophysial (facet) joint pain. World Journal of Orthopedics 2016;7(5):315-337. DOI: 10.5312/wjo.v7.i5.315.

Lee CH, Chung CK, Kim CH. The efficacy of conventional radiofrequency denervation in patients with chronic low back pain originating from the facet joints: a meta-analysis of randomized controlled trials. Spine Journal 2017;17(11):1770-1780. DOI: 10.1016/j.spinee.2017.05.006.

Official Disability Guidelines, 2010. TWC PAIN. Facet Joint Medial Branch Radiofrequency Neurotomy for Low Back Pain Conditions.

Manchikanti KN, Atluri S, Singh V, Geffert S, Sehgal N, Falco FJ. An update of evaluation of therapeutic thoracic facet joint interventions. Pain Physician 2012;15(4):E463-E481.

Joo YC, Park JY, Kim KH. Comparison of alcohol ablation with repeated thermal radiofrequency ablation in medial branch neurotomy for the treatment of recurrent thoracolumbar facet joint pain. Journal of Anesthesia 2013;27(3):390-5.

Hayes Inc. Health Technology Assessment. Ganglion Impar Block or Radiofrequency Thermocoagulation for Treatment of Chronic Coccydynia. Lansdale, PA: Hayes Inc.; July 2022.

Hayes Inc. Evolving Evidence Review. Intracept Intraosseous Nerve Ablation System (Relievant Medsystems Inc.) for Treatment of Adults With Low Back Pain. Lansdale, PA: Hayes Inc.; July 2021.

Specialty-matched clinical peer review.

## Revision History

| Company(ies) | DATE | REVISION |
|---|---|---|
| ConnectiCare<br>EmblemHealth | Aug. 12, 2022 | Added radiofrequency thermocoagulation for chronic coccydynia to Limitations/Exclusions as investigational |
| ConnectiCare | May 13, 2022 | ConnectiCare adopts clinical criteria of its parent corporation EmblemHealth |
| EmblemHealth | Apr. 18, 2022 | Added Medicare coverage for intraosseous basivertebral nerve radiofrequency ablation eff. 01/01/2022 |
| EmblemHealth | Dec. 10, 2021 | Added “infection or tumor” to indication: Neuroradiologic studies do not confirm any disc herniation infection or tumor<br>Clarified repeat RFA language<br>Added intraosseous basivertebral nerve radiofrequency ablation (Intracept System) as investigational |
| EmblemHealth | Mar. 8, 2019 | Added coverage for thoracic pain |
| EmblemHealth | Oct. 12, 2018 | Noted that facet pain may occur in association with radiculopathy and in the presence of herniated disc |

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| EmblemHealth | Nov. 13, 2015 | Thoracic pain indication removed |
| EmblemHealth | Jul. 14, 2017 | Added Interna® Dermal Regeneration FENIX™ Continence Restoration System as investigational |