

## Radiofrequency Ablation for Spinal Pain

**Last Review Date: March 8, 2019**

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### 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.

### Related Medical Guideline

[Endoscopic and Percutaneous Lysis of Epidural Adhesions \(RACZ Procedure\) — Medicare](#)

### [Pain Management](#)

### 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.\*
2. Neuroradiologic studies do not confirm any disc herniation.
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.

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\* Facet pain may occur in association with radiculopathy and in the presence of herniated disc.

### Limitations/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 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:
  - $\geq$  6-month treatment lapse per level per side.
  - Achievement of  $\geq$  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 1<sup>st</sup> 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, will 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.
  - 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 thermocoagulation)/ SpineCATH™.
  - Pulsed radiofrequency.
  - Racz procedure (covered for Medicare members only).

**Revision History**

Mar. 8, 2019	Added coverage for thoracic pain
Oct. 12, 2018	noted that facet pain may occur in association with radiculopathy and in the presence of herniated disc
Nov. 13, 2015	Thoracic pain indication removed

**Applicable Procedure 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)

**Applicable ICD-10 Diagnosis Codes**

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
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

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