

Current Effective Date: 2/6/25

Status: Approved

Reviewed by Medical Policy Subcommittee: 2/1/24, 2/6/25

Reviewed Dates: 12/5/23, 2/1/24, 1/21/25

---

#### **INSTRUCTIONS FOR USE DISCLAIMER:**

SummaCare posts policies relating to coverage and medical necessity issues to assist members and providers in administering member benefits. These policies do not constitute a contract or agreement between SummaCare and any member or provider. The policies are guidelines only and are intended to assist members and providers with coverage issues. SummaCare is not a health care provider, does not provide or assist with health care services or treatment, and does not make guarantees as to the effectiveness of treatment administered by providers. The treatment of members is the sole responsibility of the treating provider, who is not an employee of SummaCare, but is an independent contractor in private practice. The policies posted to this site may be updated and are subject to change without prior notice to members or providers.

Medical policies in conjunction with other nationally recognized standards of care are used to make medical coverage decisions.

---

### **Radiofrequency Ablation for Spine Pain Policy**

#### **Indication/Usage:**

Radiofrequency ablation (RFA) (aka facet neurotomy, facet rhizotomy or articular rhizolysis) is a percutaneous treatment using radio wave-induced heat to create a lesion in a spinal sensory nerve. Facet denervation is used to treat neck or back pain originating in facet joints with degenerative changes. The goal of RFA is to relieve pain by interrupting the transmission of pain signals from the sensory nerve to the brain to long-term pain relief.

#### **Medical Indications for Authorization Commercial Members**

SummaCare considers radiofrequency ablation (RFA) medically necessary for severe cervical, thoracic or lumbar spinal pain when ALL the following criteria are met.

- Member has experienced severe pain limiting activities of daily living for at least 6 months.
- Member has had no prior spinal fusion surgery at the level to be treated
- Member has tried and failed in the last 3 months, 6 weeks of provider-directed conservative treatment including:
  - oral analgesic
  - manipulation, physical therapy, or home exercise program
- Neuroradiologic studies are negative or fail to confirm disc herniation, do not confirm infection or tumor, *and* has no significant narrowing of the vertebral canal or spinal instability requiring surgery.
- A trial of two positive diagnostic facet joint injections at the level to be treated, as 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.

When performing radiofrequency joint denervations/ablations, it may be necessary to perform the procedure at the same level(s) bilaterally; however, radiofrequency ablation of no more than three levels are considered medically necessary during the same session/procedure.

Provided that greater than 50% pain relief is obtained for at least twelve weeks, further facet denervation procedures should be at intervals of at least six months per level per side, at a maximum of twice per rolling calendar year. Only 1 treatment procedure per level per side is considered medically necessary in a 6-month period.

## **Medicare Members**

### **CMS**

SummaCare considers radiofrequency ablation (RFA) medically necessary for severe cervical, thoracic or lumbar spinal pain when ALL the following criteria are met.

## **CMS LCD ID L38773 Facet Joint Interventions for Pain Management**

### **Facet Joint Denervation:**

The thermal radiofrequency destruction of cervical, thoracic, or lumbar paravertebral facet joint (medial branch (MB) nerves are considered medically reasonable and necessary for patients who meet **ALL** the following criteria.

#### **1. Initial thermal RFA:**

- a. After the patient has had at least 2 medically reasonable and necessary diagnostic MBBs, with each 1 providing a consistent minimum of 80% sustained relief of primary (index) pain (with the duration of relief being consistent with the agent used);  
**AND**
- b. Repeat thermal facet joint RFA at the same anatomic site is considered medically reasonable and necessary provided the patient had a minimum of consistent 50% improvement in pain for at least 6 months **or** at least 50% consistent improvement in the ability to perform previously painful movements and ADLs as compared to baseline measurement using the same scale.

Frequency Limitation: For each covered spinal region no more than 2 radiofrequency sessions will be reimbursed per rolling 12 months.

### **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)

For treatment of radiofrequency for peripheral nerve pain see policy Radiofrequency Ablation for Peripheral Nerve Pain.

### **Limitations**

Non-pulsed radiofrequency facet denervation is considered experimental and investigational for all other indications because its effectiveness for indications other than the ones listed above has not been established. This includes but not limited to treatment of thoracic facet or sacroiliac (SI) joint pain.

More than two facet injections/medial branch blocks at the same level are considered investigational. If there has been a prior successful radiofrequency denervation, additional diagnostic medial branch blocks for the same level of the spine are not medically necessary.

Any additional CPT codes associated with this procedure are considered experimental and investigational.

## Coverage Decisions

Coverage decisions made per CMS Guidelines, Hayes Research and industry standards research

## Plans Covered By This Policy

Commercial and Medicare

Self-funded Commercial groups refer to plan document for coverage

## Sources Reviewed

American Society of Anesthesiologists (ASA). Practice guidelines for chronic pain management. An updated report by the American Society of Anesthesiologists Task Force on chronic pain management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology* 2010; 112:810 – 33.

Cohen SP, Bhaskar A, Bhatia A, et al. Consensus practice guidelines on interventions for lumbar facet joint pain from a multispecialty, international working group. *Regional Anesthesia & Pain Medicine* Published Online First: 03 April 2020

California Technology Assessment Forum (CTAF). Percutaneous radiofrequency neurotomy for treatment of chronic pain from the upper cervical (C2-3) spine. A Technology Assessment. San Francisco, CA: CTAF; June 20, 2007.

Henschke N, Kuijpers T, Rubinstein SM, et al. Injection therapy and denervation procedures for chronic low-back pain: A systematic review. *Eur Spine J.* 2010; 19(9):1425-1449.

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

Institute for Clinical Systems Improvement (ICSI). Percutaneous radiofrequency ablation for facet-mediated neck and back pain. Technology Assessment Report. Bloomington, MN: ICSI; 2005.

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.

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.

CMS [LCD - Facet Joint Interventions for Pain Management \(L38773\)](#)

