



**BlueCross  
BlueShield**  
Minnesota

**Status**

Active

## **Medical and Behavioral Health Policy**

Section: Surgery

Policy Number: IV-95

Effective Date: 10/22/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

## **PERCUTANEOUS FACET JOINT DENERVATION**

**Description:** Percutaneous facet joint denervation is used to treat chronic neck or back pain originating in facet joints with degenerative changes. Various methods of denervation have been used or proposed, including: radiofrequency, laser, and cryodenervation.

Radiofrequency (RF) facet joint denervation involves the select destruction of sensory afferent nerve fibers with heat produced by radio waves delivered through an electrode. Treatment objectives are to eliminate pain, reduce the likelihood of recurrence and prolong the time to recurrence by selectively destroying pain fibers without inducing excessive sensory loss, motor dysfunction or other complications. Other terms for this procedure include: radiofrequency facet rhizotomy, percutaneous facet coagulation, radiofrequency neurolysis, and thermal lesioning. Two types of RF facet joint denervation have been proposed: non-pulsed RF denervation and pulsed RF denervation.

- In **non-pulsed RF facet denervation**, diagnosis of facet joint pain is confirmed by response to nerve blocks. Under local anesthetic and with fluoroscopic guidance, a needle is directed to the medial branch of the dorsal ganglion that innervates the corresponding facet joint. Multiple thermal lesions are then produced by a radiofrequency generator at temperatures of 60-90 degrees Celsius. The goal of non-pulsed facet denervation is long-term pain relief. However, the nerves regenerate, and repeat procedures may be required.
- **Pulsed RF facet denervation** consists of short bursts of high voltage electrical current, without heating the tissue enough to cause coagulation. Because temperatures do not exceed 42 degrees Celsius with the pulsed RF approach, this procedure has been proposed as a possibly safer alternative to non-pulsed or thermal radiofrequency facet denervation. It is postulated that transmission across small unmyelinated nerve fibers is disrupted

but not permanently damaged, while large myelinated fibers are not affected.

More recently, laser denervation and cryodenervation have been investigated as treatments for chronic spinal pain.

**Definitions:**

**Facet joint:** Connections between the bones of the spine

**Intra-articular:** Situated within, occurring within, or administered by entry into a joint.

**Policy:**

**I. Non-Pulsed Radiofrequency Facet Joint Denervation**

**A. Initial Procedure:**

Non-pulsed radiofrequency denervation of cervical facet joints (C2-3 and below) and lumbar facet joints may be considered **MEDICALLY NECESSARY** when **ALL** the following criteria are met:

1. No prior spinal fusion surgery in the vertebral level being treated; **AND**
2. Non-radicular low back (lumbosacral) or neck (cervical) pain, suggestive of facet joint origin as evidenced by absence of nerve root compression as documented in the medical record on history and physical, and radiographic evaluations performed within the last 12 months; **AND**
3. Pain has failed to respond to three (3) months of conservative management with oral pain medications (e.g., non-steroidal anti-inflammatory medications, analgesics, muscle relaxants, or pharmacological therapy) **AND at least one** of the following therapies, within the last six (6) months (as documented in the medical record):
  - a. Course of physical therapy, with weekly visits for a period of four (4) weeks; **OR**
  - b. Trial of manipulative therapy for a period of four (4) weeks

**AND**

4. No therapeutic intra-articular injections (i.e., steroids, saline, or other substances) for a period of at least 4 weeks prior to use of a diagnostic medial branch block; **AND**
5. Diagnostic block with local anesthetic of the facet nerve (medial branch block) or injection under fluoroscopic guidance into the facet joint has resulted in at least 50% reduction in pain for the duration of the specific local anesthetic used (e.g., bupivacaine or lidocaine)

**B. Repeat Procedure**

Repeat non-pulsed radiofrequency denervation may be considered **MEDICALLY NECESSARY** when performed at intervals greater than six (6) months (per side, per anatomical level of the spine) **AND** when greater than 50% relief has been obtained from the previous procedure.

**C. Non-pulsed radiofrequency denervation** is considered **INVESTIGATIVE** for the treatment of chronic spinal/back pain

for all uses that do not meet the criteria listed above, including but not limited to treatment of thoracic facet or sacroiliac (SI) joint pain.

**II. Pulsed Radiofrequency Denervation**

Pulsed radiofrequency denervation is considered **INVESTIGATIVE** for the treatment of chronic spinal/back pain due to a lack of evidence supporting its impact on improved health outcomes.

**III. Other Percutaneous Techniques for Facet Joint Denervation**

All other techniques for percutaneous facet joint denervation for treatment of chronic spinal/back pain are considered **INVESTIGATIVE** due to a lack of evidence supporting an impact on improved health outcomes. These other techniques include, but are not limited to:

- A. Laser;
- B. Cryodeneration.

**Documentation Submission:** Documentation supporting the medical necessity criteria described in the policy must be included in the prior authorization. In addition, the following documentation must also be submitted:

1. Written report, from a radiologist, describing findings from spinal diagnostic imaging studies.
2. Procedure report describing the medial branch blocks and follow-up report on the percent change in the level of pain, for the duration of the specific local anesthetic used.
3. For repeat procedures, documentation of the prior non-pulsed radiofrequency denervation and the percent change in the level of pain achieved from the previous procedure.

**Coverage:** Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific

coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:**

*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:**

64633 Destruction by neurolytic agent, paravertebral facet joint nerve(s) 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-9 Procedure:**

03.96 Percutaneous denervation of facet

**ICD-10 Procedure:**

01513ZZ Percutaneous Destruction Cervical Nerve

01583ZZ Percutaneous Destruction Thoracic Nerve

015B3ZZ Percutaneous Destruction Lumbar Nerve

015R3ZZ Percutaneous Destruction Sacral Nerve

Deleted Codes: 64622, 64623, 64626, 64627

**Policy History:** **Developed April 8, 2009**

**Most recent history:**

Revised March 9, 2011

Revised March 14, 2012

Revised March 13, 2013

Reviewed January 8, 2014

Reviewed/Updated, no policy statement changes October 8, 2014

**Cross**

**Reference:**

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