PRODUCT APPLICATION:
☑ PreferredOne Administrative Services, Inc. (PAS) ERISA
☑ PreferredOne Administrative Services, Inc. (PAS) Non-ERISA
☑ PreferredOne Community Health Plan (PCHP)
☑ PreferredOne Insurance Company (PIC) Individual
☑ PreferredOne Insurance Company (PIC) Large Group
☑ PreferredOne Insurance Company (PIC) Small Group

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

Benefits must be available for health care services. Health care services must be ordered by a physician, physician assistant, or nurse practitioner. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

PURPOSE:
The intent of this criteria document is to ensure services are medically necessary.

GUIDELINES:
Medical Necessity Criteria – must satisfy one of the following: I or II

I. Initial request for non-pulsed radiofrequency ablation for cervical, lumbosacral or sacroiliac pain - all of the following: A – E

   A. Member has chronic (at least 6 months) cervical or lumbosacral pain suggestive of facet or sacroiliac joint origin (such as, but not limited to, absence of radiculopathy, pain that is aggravated by extension, rotation, or lateral bending of spine, and is not typically associated with any neurological deficits) as evidenced by documentation in the medical record on history and physical exam; and

   B. MRI or other imaging suggests that the primary source of the pain is not a condition such as, but not limited to, disc herniation, foraminal stenosis, fracture, malignancy, spinal instability or spinal stenosis; and

   C. Member has failed at least 3 months of conservative therapy including participation in comprehensive back therapy treatment (such as, but not limited to, activity modification, pharmacotherapies [analgesics, NSAIDs, and muscle relaxants], spinal manipulation, steroid injections, physical therapy [including muscle reconditioning], a structured home exercise program, and weight loss [if indicated]), or a chronic back program; and

   D. Member has undergone at least 2 anesthetic blocks of the involved facet, medial, primary dorsal-rami, or sacral lateral branch nerves – both of the following: 1 and 2

      1. Performed on different days within 6 months prior to the procedure; and

      2. Resulted in at least a 50% reduction in pain.
E. Procedure will be done in an office or ambulatory surgery center setting.

II. Repeat request for the same site - all of the following: A – D

A. Prior radiofrequency treatment resulted in at least a 50% reduction in pain for a minimum of 10 (ten) weeks following the previous treatment; and

B. Prior radiofrequency treatment demonstrated an improvement in functional status and decreased use of analgesics; and

C. A minimum time of 6 months has elapsed since prior radiofrequency treatment at same site; and

D. Procedure will be done in an office or ambulatory surgery center setting

[Note: Consider referral to PreferredOne’s Chronic Back Program.]

EXCLUSIONS:
Any of the following: I-III

I. The following are considered investigative (see Investigative List) – A and B

A. Pulsed radiofrequency ablation

B. Water-cooled radiofrequency ablation

II. Outpatient hospital setting, unless member is considered at high risk for complications that require a hospital setting – supporting documentation must be submitted.

III. Prior fusion surgery at the level where treatment is being considered.

DEFINITIONS:
Facet (zygapophysial) joint:
The bones of the spine, or vertebra, are composed of a tough weight-bearing cylinder of bone in the front called the "vertebral body" and connecting surfaces of bone in the back side that provide stability to the spine and protection for the spinal cord as it passes through the spinal canal. The bony elements in the back side of the spine are called the "posterior elements" and include small flat joints called "facet joints" which join together the vertebral bodies both above and below. There are two facet joints associated with each vertebral segment. These facet joints interlock with their counterparts on the vertebra above and below, and together with the intervertebral disc in front form a three-joint complex which makes up the spinal motion segment. Each facet joint is a true synovial joint (like a knee or shoulder joint) which consists of adjacent hyaline cartilage joint surfaces that are lubricated with joint fluid, covered with a joint capsule and richly innervated with pain-sensing nerve fibers. As with any joint, the facet joint allows for movement between the vertebrae while connecting one vertebra with another. Facet-mediated pain refers to pain that is caused by irritation or inflammation of one or more of the facet joints.
Non-pulsed radiofrequency ablation:
A procedure where a radiofrequency generator introduces continuous radiofrequency current through an electrode to produce multiple thermal lesions on certain nerves at temperatures of 60-90 degrees Celsius.

Pulsed radiofrequency ablation:
A procedure where pulses of radiofrequency current is introduced through an electrode and applied in short bursts without causing coagulation in the tissue due to the low amount of heat produced, which does not exceed 42 degrees Celsius.

Radicular pain:
Pain radiating along the dermatome (sensory distribution) of a nerve due to inflammation or other irritation of the nerve root (radiculopathy) at its connection to the spinal column. A common form of radiculitis is sciatica, or radicular pain that radiates along the sciatic nerve from the lower spine to the lower back, gluteal muscles, back of the upper thigh, calf, and foot as often secondary to nerve root irritation from a spinal disc herniation or from osteophytes in the lumbar region of the spine.

Radiofrequency ablation:
A procedure in which heat produced by radio waves is introduced by an electrode through the skin to create a lesion in a sensory nerve; thus, interrupting the nerve impulse carrying the pain signal at the facet joints.

Radiofrequency current:
460-500 kHz

Sacroiliac joint:
Strong, weight-bearing synovial joint pairs between the sacrum and ileum located in the pelvic bone.

Water-cooled radiofrequency ablation:
A type of radiofrequency ablation where a larger thermal lesion is produced compared to the conventional radiofrequency ablation

BACKGROUND:
This criteria document is based on expert consensus opinion and/or available reliable evidence.

Radiofrequency ablation (RFA) is a procedure that uses radio waves to produce heat. It is then introduced to the skin by an electrode to create a lesion in a sensory nerve. The goal is to eliminate pain and the recurrence of pain without causing excess sensory loss and motor functioning. RFA may also be called non-pulsed radiofrequency denervation, facet neurotomy, percutaneous facet coagulation, percutaneous radiofrequency neurotomy, facet rhizotomy, and arthicular rhizolysis.
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COVERAGE:
Prior Authorization: Yes
Setting: Outpatient     Place of Service: Office or Ambulatory Surgery Center

Coverage is subject to the member’s contract benefits.

CODING:
CPT®
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
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
64640 Destruction by neurolytic agent, other peripheral nerve or branch (used for SI joint – dorsal rami of spinal S1-S4, posterior L4-S3, anterior L2-S2)

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RELATED CRITERIA/POLICIES/FORM:
Form: Radiofrequency Ablation Authorization Form
Medical Policy: MP/C009 Coverage Determination Guidelines

REFERENCES:
RADIOFREQUENCY ABLATION (INITIAL AND REPEAT) AUTHORIZATION FORM

This form must be completed by a person with thorough clinical knowledge of the member's current clinical presentation and clinical evaluation history. Please attach clinical records or clinic progress notes. For more information, please refer to the medical policy document MC/F024 Radiofrequency Ablation (Neurotomy, Denervation, Rhizotomy) Neck and Back located at https://www.preferredone.com/medical-policy/.

Please fax this form and other relevant documents to (763) 847-4014.

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Patient DOB</th>
<th>Date of Service</th>
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<td>Provider Phone</td>
<td>Provider Fax</td>
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<tr>
<td>Provider ID#</td>
<td>Provider Signature</td>
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Indicate level/s where treatment is being considered: _____________________ □ Right □ Left □ Bilateral


Check Box

The member has chronic (at least 6 months) cervical or lumbosacral pain suggestive of facet or sacroiliac origin (must be documented in the medical record on history and physical exam).

MRI or other imaging suggests that the primary source of the pain is not a condition such as, but not limited to, disc herniation, foraminal stenosis, fracture, malignancy, spinal instability, or spinal stenosis.

No prior fusion surgery at the level where treatment is being considered.

The member has failed at least 3 months of conservative therapy. Please indicate below the type of conservative therapy (check all that apply) and the date(s) of service/s (mm/dd/yy):

- □ Comprehensive back therapy treatment, including:
  - Pharmacotherapies - Date/s of service/s: _ _ / _ _ / _ _ to _ _ / _ _ / _ _; List medications below:
  - Steroid injections - Quantity: ___; Date of first injection _ _ / _ _ / _ _; Date of last injection _ _ / _ _ / _ _
  - Physical therapy - Date(s) of service/s: _ _ / _ _ / _ _ to _ _ / _ _ / _ _
  - Other (e.g., activity modification, structured home exercise program, weight loss, spinal manipulation) (Please specify below) - Date/s of service/s: _ _ / _ _ / _ _ to _ _ / _ _ / _ _

- □ Chronic back program - Date(s) of service/s: _ _ / _ _ / _ _ to _ _ / _ _ / _ _

- □ Other (Please specify below) - Date/s of service/s: _ _ / _ _ / _ _ to _ _ / _ _ / _ _

The member has undergone at least 2 anesthetic blocks of the involved facet, medial, primary dorsal-rami, or sacral lateral branch nerves.

  - First anesthetic block: _ _ / _ _ / _ _ (mm/dd/yy) _____% pain reduction
  - Second anesthetic block: _ _ / _ _ / _ _ (mm/dd/yy) _____% pain reduction

The procedure will be done in an office or ambulatory surgery center setting.

R E P E A T R E Q U E S T F O R T H E S A M E S I T E

Check Box

Date of prior radiofrequency treatment at the same site: _ _ / _ _ / _ _ (mm/dd/yy)

Prior radiofrequency treatment resulted in at least a 50% reduction in pain for a minimum of 10 weeks following the previous treatment.

Prior radiofrequency treatment demonstrated an improvement in functional status and decreased use of analgesics.

The procedure will be done in an office or ambulatory surgery center setting.
PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:
• Qualified sign language interpreters
• Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:
• Qualified interpreters
• Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN  55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)


Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).


НОДАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

NDR PCHP NV (10/16)
PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company (“PIC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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Provides free aids and services to people with disabilities to communicate effectively with us, such as:
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• Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:
• Qualified interpreters
• Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN  55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)


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注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

Language assistance services are available to you in the following languages:

- Arabic
- Chinese
- English
- French
- Hawaiian
- Italian
- Korean
- Spanish
- Vietnamese

If you need help filing a grievance, a Grievance Specialist is available to help you.

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Washington, D.C. 20201
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