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Department of Origin: Integrated Healthcare Services	**Effective Date:** 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	**Date Approved:** 09/10/24
Clinical Policy Document: Radiofrequency Ablation (Neurotomy, Denervation, Rhizotomy) Cervical, Thoracic, Lumbosacral, Sacroiliac or Knee Pain	**Replaces Effective Clinical Policy Dated:** 09/28/23
Reference #: MC/F024	**Page:** 1 of 10

PURPOSE:
The intent of this clinical policy is to ensure services are medically necessary.

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.

POLICY:
Benefits must be available for health care services. Health care services must be ordered by a provider. 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.

GUIDELINES:
Medical Necessity Criteria – Must satisfy the following: I, and any of II - V

I. Site of care - must satisfy any of the following: A - D

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

   B. The procedure may be allowed in a facility-based (outpatient hospital) setting if the nearest office or ambulatory surgery center capable of providing the service is 60 miles driving distance or greater from the member's home; or

   C. The procedure may be allowed in a facility-based (outpatient hospital) setting if documentation supports that the member is considered at high risk for complications that require a hospital setting, such as but not limited to, member's physical status is classified as ASA III – VI, per the American Society of Anesthesiologists Physical Status Classification System (see Attachment B); or

   D. The procedure may be allowed in a facility-based (outpatient hospital) setting if the servicing provider does not hold privileges at an office or ambulatory surgery center within 60 miles driving distance from the member's home.

II. Initial request for *non-pulsed radiofrequency ablation* (RFA) for facet-mediated cervical, thoracic, lumbosacral, or sacroiliac joint pain – must satisfy all of the following: A – D

   A. Member has chronic (at least 6 months) cervical**,** thoracic, or lumbosacral pain suggestive of facet, or sacroiliac joint origin (such as, but not limited to, presence of 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. Member has failed at least 3 months of conservative therapy (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

C. No prior successful fusion surgery at the level where treatment is being considered; and

D. Member has undergone at least 1 anesthetic block(s) of the involved facet, medial, primary dorsal ramus, or sacral lateral branch nerve – both of the following: 1 and 2
   1. Performed within 6 months prior to the procedure; and

   2. Resulted in at least a 50% reduction in pain.

[Note: The third occipital nerve is the superficial medial branch of C3 dorsal ramus. It supplies the C2–C3 *facet* (zygapophysial joint) while crossing the joint laterally and within the allowed indications]

III. Initial request for intraosseous ablation (eg, Intracept® system) of the *basivertebral nerve* (BVN) for low back pain – must satisfy all of the following: A – C

A. Member has chronic (at least 6 months) isolated low back pain suggestive of skeletal endplate inflammation (such as, but not limited to, presence of 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 shows Type 1 or Type 2 *Modic* changes of the vertebral endplates at 3 or less contiguous levels, L3-S1; and

C. Member has failed at least 3 months of conservative therapy (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.

IV. Initial request for *non-pulsed radiofrequency ablation* of the genicular nerve (articular nerve branches) for knee pain – must satisfy all of the following: A – D

A. Member has chronic (at least 6 months) knee pain

B. Member has failed at least 3 months of conservative therapy (such as, but not limited to, activity modification, pharmacotherapies [analgesics, NSAIDs, and muscle relaxants], physical therapy [including muscle reconditioning], a structured home exercise program, and weight loss [if indicated]).

C. Member has undergone at least 1 anesthetic block(s) of the genicular nerve that resulted in at least a 50% reduction in pain

D. Member has one of the following: 1 or 2
   1. No history of total knee arthroplasty (TKA) - must satisfy both of the following: a - b
      a. Knee pain is due to knee osteoarthritis (OA); and
      b. Member is not a good surgical candidate for TKA due to medical comorbidities and/or a high body mass index (BMI).

   2. History of TKA for osteoarthritis and member is equal to or greater than 6 months post-op.

V. Repeat request for RFA of the same nerve – must satisfy all of the following: A – B

A. Prior ablative treatment resulted in at least a 50% reduction in pain; and

B. A minimum time of 6 months has elapsed since prior ablative treatment at same site

EXCLUSIONS (not limited to):
Refer to member's Certificate of Coverage or Summary Plan Description

The following are considered investigative (see Investigative List): I – IV

I. Cryoablation for peripheral nerve damage in the lower extremity (includes use of iovera° system for knee osteoarthritis [OA]) - CPT 64640

II. *Pulsed radiofrequency ablation*

III. Radiofrequency ablation of peripheral nerves for all other pain indications

IV. *Water-cooled radiofrequency ablation*

DEFINITIONS:
Basivertebral nerve (BVN):
The BVN exits the vertebral body posteriorly via the basivertebral foramen before communicating with the sinuvertebral nerve then the ventral rami of the spinal nerves or by nerves derived from the gray rami communicantes. The pain transmission of the endplates toward the BVN has been named of 'vertebrogenic' origin

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.

Modic type endplate changes:
Represent a classification for vertebral body endplate MRI signal. It is widely recognized by radiologists and clinicians and is a useful shorthand for reporting MRIs of the spine.
Modic type I

T1: low signal
T2: high signal
represents bone marrow edema and inflammation
T1+C: enhancement

Modic type II
T1: high signal
T2: iso to high signal
represents normal red haemopoietic bone marrow conversion into yellow fatty marrow as a result of marrow ischemia

Modic type III
T1: low signal
T2: low signal
represents subchondral bony sclerosis

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:
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 articular rhizolysis.

Prior Authorization: Yes, per network provider agreement.

Form: Radiofrequency Ablation Authorization Form

CODING:

CPT® HCPCS

64624 Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed

64625 Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (fluoroscopy or CT)

64628 Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral

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)

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 (when used for SI joint – dorsal rami of spinal S_1-S_4, posterior L_4-S_3, anterior L2-S2)

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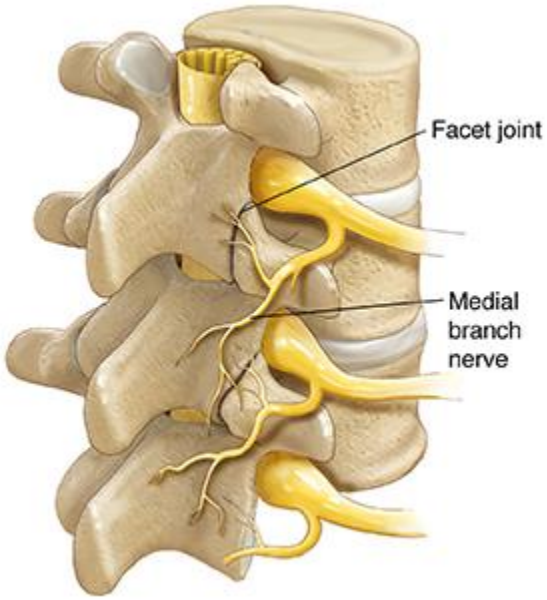
Attachment A



Facet (zygapophyseal) joint and medial branch nerve of the primary posterior (dorsal) ramus

Retrieved from Saint Luke's Medial Branch Neurotomy, https://www.saintlukeskc.org/health-library/medial-branch-neurotomy#

Attachment B

American Society of Anesthesiologists (ASA) Physical Status Classification System - Adults

Classification	Definition	Examples (including, but not limited to)
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; one or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥ 40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, history (> 3 months) of MI, CVA, TIA, or CAD/stents
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	
**The addition of “E” denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)		

Resource: American Society of Anesthesiologists (ASA). Statement on ASA Physical Status Classification System. Last Amended: 12/13/20. Retrieved from https://www.asahq.org/standards-and-practice-parameters/statement-on-asa-physical-status-classification-system. Accessed 08-23-24.

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)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው: 763.847.4013).

ဟသျှဉ်ဟသး– နမ့်ကတိ၊ ကညီ ကျိာ်အယိ, နမၤန့် ကျိာ်အတ်မၤစၢၤလ၊ တလၫ်ဘူဉ်လၫ်စ့၊ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013).។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

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.

PIC:
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 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)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው: 763.847.4013).

ဟသူဉ်ဟ်သး– နမ့ါကတိၤ ကညီ ကျိာ်အယိ, နမၤန့ါ ကျိာ်အတ၊်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

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