

# MedStar Health, Inc.

## POLICY AND PROCEDURE MANUAL

Policy Number: MP.093.MH  
Last Review Date: 11/08/2018  
Effective Date: 02/01/2019

### MP.093.MH – Radiofrequency Ablation (Thermal) for Chronic Spinal Pain

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers **Radiofrequency Ablation (Thermal) for Chronic Spinal Pain** medically necessary when all of the following are met:

1. Suspected origin of pain is facet joint  
And
2. There has been an attempt at conservative medical management (ie bed rest, back supports, physical therapy, etc.), for a duration of at least three months, that did not achieve pain relief.  
And
3. Imaging studies and clinical findings indicate no other obvious cause of the pain.  
And
4. Intensity of pain is markedly decreased or eliminated after medial branch block/injection of facet joint with local anesthesia.

**Repeat radiofrequency ablation for chronic low back pain** is considered medically necessary when the following are met:

1. Three months have elapsed since the previous radiofrequency ablation treatment  
And
2. The previous treatment resulted in a 50% improvement in pain that lasted at least ten weeks.

#### Limitations

1. Repeat radiofrequency ablation - No more than a total of three treatments in a 12 month period is covered.
2. The following are considered experimental and investigational services and therefore not covered:
  - Chemical ablation
  - Cryo ablation
  - Intradiscal electrothermic therapy (IDET)
  - Laser ablation
  - Pulsed radiofrequency (PRFA)

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- Spinal nucleoplasty
3. Maintenance radiofrequency or multiple repeated radiofrequency treatments are considered not medically necessary and therefore not covered.

## Background

Radiofrequency Ablation (RFA) uses an electrode that generates radio waves to pass through the skin in order to produce heat to destroy the sympathetic nerve supply. RFA may target dorsal root ganglion and medial branches near the painful spinal structure.

Other names for RFA include:

- Percutaneous radiofrequency facet denervation
- Percutaneous radiofrequency neurotomy
- Percutaneous facet coagulation
- Radiofrequency facet rhizotomy
- Radiofrequency articular rhizolysis
- Radiofrequency neuro ablation (RF)

Pulsed RFA (PRFA) delivers short bursts of radiofrequency current and has been introduced as an alternative to RFA, which delivers a continuous flow of radiofrequency current. PRFA allows the tissue to cool in between bursts, and thus reducing the risk of destroying nearby tissues. However, PRFA still requires additional studies to demonstrate its effectiveness.

## Codes:

| CPT Codes / HCPCS Codes / ICD-10 Codes |   |
|--|---|
| Code                                   | Description   |
| <b>CPT Codes</b>                       |   |
| 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) |

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| 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) |
| <b>ICD-10 codes covered if selection criteria are met:</b> |   |
| M43.8x-M43.3x9   | Other specified deforming dorsopathies, site unspecified  |
| M43.27   | Fusion of spine, lumbosacral region   |
| M43.28   | Fusion of spine, sacral and sacrococcygeal region   |
| M47.011-<br>M47.019  | Anterior spinal artery compression syndromes  |
| M47.11-M47.18  | Other spondylosis with myelopathy   |
| M47.21-M47.28  | Other spondylosis with radiculopathy  |
| M47.811-<br>M47.818  | Spondylosis without myelopathy or radiculopathy   |
| M47.891-<br>M47.898  | Other spondylosis   |
| M53.0  | Cervicocranial syndrome   |
| M53.2x7  | Spinal instabilities, lumbosacral region  |
| M53.2x8  | Spinal instabilities, sacral and sacrococcygeal region  |
| M53.3  | Sacrococcygeal disorders, not elsewhere classified  |
| M53.80-M53.88  | Other specified dorsopathies  |
| M53.9  | Dorsopathy, unspecified   |
| M54.2  | Cervicalgia   |
| M54.5  | Low back pain   |
| M54.6  | Pain in thoracic spine  |
| M54.81   | Occipital neuralgia   |
| M54.89   | Other dorsalgia   |
| M54.9  | Dorsalgia, unspecified  |

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| M96.1 | Post laminectomy syndrome, not elsewhere classified |
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