MASSACHUSETTS

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Medical Policy
Facet Joint Denervation

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Policy Number: 140

BCBSA Reference Number: 7.01.116

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Non-pulsed radiofrequency denervation of cervical facet joints (C3-4 and below) and lumbar facet joints may be **MEDICALLY NECESSARY** when all of the following criteria are met:

- No prior spinal fusion surgery in the vertebral level being treated, AND
- Disabling 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, physical and radiographic evaluations; and the pain is not radicular, AND
- Pain has failed to respond to three (3) months of conservative management which may consist of therapies such as nonsteroidal anti-inflammatory medications, acetaminophen, manipulation, physical therapy, and a home exercise program, AND
- A trial of controlled diagnostic medial branch blocks (2 separate positive blocks or placebo controlled series of blocks) under fluoroscopic guidance has resulted in at least a 50% reduction in pain, AND
- If there has been a prior successful radiofrequency (RF) denervation, a minimum time of six (6) months has elapsed since prior RF treatment (per side, per anatomical level of the spine.)

Radiofrequency denervation is **INVESTIGATIONAL** 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 joint pain.

All other methods of denervation are **INVESTIGATIONAL** for the treatment of chronic spinal/back pain, including, but not limited to pulsed radiofrequency denervation, laser denervation, chemodenervation (e.g., alcohol, phenol, or high-concentration local anesthetics), and cryodenervation.

Therapeutic medial branch blocks are **INVESTIGATIONAL**.

If there has been a prior successful radiofrequency (RF) denervation, additional diagnostic medial branch blocks for the same level of the spine are **NOT MEDICALLY NECESSARY**.

Medicare HMO Blue[SM] and Medicare PPO Blue[SM] Members

BCBSMA covers radiofrequency facet joint denervation for the following when substantiated by the results of previous diagnostic and therapeutic paravertebral facet joint blockade in accordance with local Medicare LCD guidelines:

- Hypertrophic arthropathy of the facet joints causing back and/or neck pain,
- Back or neck pain following whiplash/post-traumatic injury,
- Back pain greater than leg pain,
- Neck pain greater than arm pain,
- Back or neck pain associated with suspected motion segment instability/hypermobility or pseudoarthrosis following fusion, or
- Pain of cervicogenic headache.

BCBSMA does not cover pulsed radiofrequency denervation for the treatment of chronic spinal/back pain in accordance with local Medicare LCD guidelines.

Local Coverage Determination (LCD) for Paravertebral Facet Joint/Nerve Denervation (L26593)
http://coverage.cms.fu.com/mcd_archive/viewlcd.asp?lcd_id=26593&lcd_version=21&show=all

Prior Authorization Information

Commercial Members: Managed Care (HMO and POS)
Prior authorization is **NOT** required.

Commercial Members: PPO, and Indemnity
Prior authorization is **NOT** required.

Medicare Members: HMO Blue[SM]
Prior authorization is **NOT** required.

Medicare Members: PPO Blue[SM]
Prior authorization is **NOT** required.

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

CPT codes:	Code Description
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

ICD-9 Diagnosis Codes

ICD-9-CM diagnosis codes:	Code Description
723.1	Cervicalgia
724.2	Lumbago

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
M54.2	Cervicalgia
M54.5	Low back pain

Description

Percutaneous radiofrequency (RF) facet denervation is used to treat neck or back pain originating in facet joints with degenerative changes. The goal of facet denervation is long-term pain relief. However, the nerves regenerate, and repeat procedures may be required.

Summary

The evidence for diagnostic testing consists mainly of studies using single or double blocks and experiencing at least 50% or at least 80% improvement in pain and function. There is considerable controversy about the role of the blocks, the number of positive blocks required, and the extent of pain relief obtained. Based on review of the evidence and clinical input, the statement in the Policy Guidelines section states that at least 50% improvement on 2 positive blocks (or a placebo-controlled series of blocks) is required.

While evidence is limited to a few comparative studies with small sample sizes, RF facet denervation appears to provide at least 50% pain relief in carefully selected patients. Diagnosis of facet joint pain is difficult; however, response to controlled medial branch blocks and the presence of tenderness over the facet joint appear to be reliable predictors of success.

When RF facet denervation is successful, repeat treatments appear to have similar success rates and duration of pain relief. Thus, the data indicate that in carefully selected individuals with lumbar or cervical facet joint pain, RF treatments can result in improved outcomes.

Pulsed radiofrequency does not appear to be as effective as nonpulsed radiofrequency denervation, and there is insufficient evidence to evaluate the efficacy of other methods of denervation (e.g., alcohol, laser or cryodenervation) for facet joint pain. Therefore, these techniques are considered investigational. There is insufficient evidence to evaluate the effect of therapeutic medial branch blocks on facet joint pain. This treatment is considered investigational.

Policy History

Date	Action
6/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
3/2014	BCBSA National medical policy review. New investigational indications described. Effective 3/1/2014. Coding information clarified.
6/2013	BCBSA National medical policy review.

	New investigational indications described. Effective 6/1/2013.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
6/2011	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation and Rheumatology. No changes to policy statements.
5/2011	Updated revision of description, based on update to BCBSA National policy 5/2011.
1/2011	Updated to clarify non-coverage of pulsed radiofrequency denervation.
10/2010	BCBS Association National Policy Review. No changes to policy statements.
7/2010	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements.
7/2010	Updated to clarify the information in the coverage sections'.
11/1/2009.	Medical Policy #140 effective 11/1/2009 created.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

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