Radiofrequency ablative (RFA) denervation procedures for chronic facet-mediated neck, back and sacroiliac joint pain

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Radiofrequency ablative denervation procedures of the cervical, thoracic, and lumbar spine require prior authorization.

Diagnostic medial branch block (MBB) does not require prior authorization.

Prior authorization is not applicable for radiofrequency ablation for the treatment of sacroiliac joint pain, or for cooled or pulsed radiofrequency ablation for treatment of facet-mediated pain as these procedures are considered experimental/investigational and therefore not covered services. The provider and facility will be liable for payment unless:

- The provider notifies the member that a specific service has been determined by HealthPartners to be investigational/experimental; and
- The member signs a waiver agreeing to pay for the specific non-covered service being rendered; and
- The claim has been billed with a GA modifier indicating such. If the member has signed a waiver agreeing to pay for the specific service, then the member will be liable for payment.

Coverage

Indications that are covered

Radiofrequency ablative denervation (RFA) is covered when the following criteria are met:

1. Initial RFA is covered to treat axial (non-radicular) neck and back pain if all of the following criteria are met:
   A. Pain limiting activities of daily living for at least 3 months despite conservative treatments (such as exercise, activity modification or chiropractic care). Documentation of conservative treatments must correspond to the current episode of pain (within 6 months).
      o Conservative treatments must include physical therapy (PT), at least 4 visits over a course of 6 weeks or less, completed within the current episode of pain (i.e. within the last six months, as noted above). Active muscle conditioning is required as part of physical therapy.
      o Physical therapist’s notes must be submitted, or there must be a physician’s statement in the clinical documents that explains why physical therapy is contraindicated.
      o If a member is unable to complete physical therapy due to progressively worsening pain and disability, documentation in the physical therapist’s notes demonstrating this is required.
      o The requirement for physical therapy will not be met if there is a failure to complete prescribed physical therapy for non-clinical reasons.
   B. Plain radiographs and/or CT or MRI, and other clinical findings suggest no other obvious or definitive cause of the pain (e.g., disc herniation, spinal instability, fracture, malignancy, or spinal stenosis)
   C. Two trials of diagnostic medial branch block injections must be received as described below:
      i. The first trial of diagnostic medial branch block (MBB) injection relieves at least 70% of the pain
      ii. The second trial of diagnostic medial branch block (MBB) injection relieves at least 70% of the pain
      iii. The first and second MBB injections were performed under fluoroscopic guidance
      iv. The first and second MBB injections were performed on different days within the 6 months previous to the RFA procedure. *Note: Intra-articular injections of the paravertebral facet (zygapophyseal) joint are not considered diagnostic for the purposes of assessing suitability for RFA
2. RFA treatment procedure is limited to 3 levels per side of each spinal region (cervical, thoracic, or...
lumbar) in a 6 month period (prior authorization form requires identification of the level and side). Three levels are defined as three (3) punctures (innervates two facet joints), each of which lesions one medial branch of the dorsal ramus nerve; (Example: one unit of 64633 plus two units of 64634 equals three levels), or for a bilateral procedure, three pairs of punctures. (For bilateral RFA, the modifier 50 should be used.)

3. Repeat Radiofrequency ablative denervation (RFA) at the same level is covered when the following criteria are met:
   A. A minimum of six months has elapsed since the previous RFA.
   B. The previous RFA relieved at least 50% of the pain within 3 months of the procedure date as reported by the patient.
   C. Pain limiting activities of daily living for at least 3 months despite conservative treatments (such as exercise, physical therapy, activity modification or chiropractic care). Documentation of conservative treatments must correspond to the current episode of pain (within 6 months).

Indications that are not covered

The following Radiofrequency Ablation (RFA) procedures are considered experimental and investigational and not covered:

1. Radiofrequency Ablation (RFA), conventional, cooled or pulsed, for treatment of sacroiliac joint pain. This includes treatment of the sacroiliac joint and the nerves innervating the sacroiliac joint.
2. Pulsed Radiofrequency Ablation (RFA) for treatment of facet-mediated pain (64999)
3. Cooled Radiofrequency Ablation (RFA) for treatment of facet-mediated pain (64999)
4. Laser radiofrequency ablation/denervation/rhizotomy procedures
5. Endoscopic radiofrequency ablation/denervation/rhizotomy procedures

Definitions

Radiofrequency ablative denervation (also known as percutaneous radiofrequency ablation, facet neurotomy, facet rhizotomy, or articular rhizolysis) - an invasive procedure in which radiofrequency energy is applied via a percutaneous probe inserted toward the medial branch nerve supplying a facet (zygapophysial) joint. The probe creates a heat lesion, coagulating the nerve and denervating a painful facet joint.

Diagnostic medial branch block (MBB) - an invasive procedure in which a local anesthetic drug (e.g., lidocaine or bupivacaine), is injected near the medial branch of the dorsal ramus that supplies a facet (zygapophysial) joint. The intent is to provide temporary relief of pain and serve as a diagnostic test to localize facetogenic pain, to guide possible future radiofrequency denervation. The injection is not intra-articular (into the joint).

Codes

If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.

Radiofrequency Ablation Codes that require prior authorization:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>64633</td>
<td>Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint</td>
</tr>
<tr>
<td>64634</td>
<td>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)</td>
</tr>
<tr>
<td>64635</td>
<td>Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint</td>
</tr>
<tr>
<td>64636</td>
<td>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)</td>
</tr>
</tbody>
</table>

Prior authorization does not apply to the following non-covered procedures:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>64625</td>
<td>Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography)</td>
</tr>
<tr>
<td>64999</td>
<td>Unlisted procedure, nervous system, when used to represent pulsed RFA or cooled RFA for treatment of facet mediated cervical, thoracic or lumbar pain or sacroiliac joint pain,</td>
</tr>
</tbody>
</table>

Diagnostic medial branch block (MBB) codes:
Codes | Description
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64490 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
64491 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
64492 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
64493 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
64494 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
64495 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)

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**Products**

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-983-7979 or 1-800-233-9645.


**References**

Hayes Inc Hayes Technology Assessment (2022) Cooled or Pulsed Radiofrequency for Chronic Low Back Pain Arising From the Sacroiliac Joint December 2022


