MedStar Health, Inc.
POLICY AND PROCEDURE MANUAL

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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)
- 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
CPT Codes	
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)

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)
ICD-10 codes covered if selection criteria are met:	
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-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-M47.818	Spondylosis without myelopathy or radiculopathy
M47.891-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

M96.1	Post laminectomy syndrome, not elsewhere classified

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