

## Corporate Medical Policy

### Facet Joint Denervation

<b>File Name:</b>	facet_joint_denervation
<b>Origination:</b>	6/2009
<b>Last CAP Review:</b>	11/2011
<b>Next CAP Review:</b>	11/2011
<b>Last Review:</b>	11/2011

#### Description of Procedure or Service

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Facet denervation is used to treat neck or back pain originating in facet joints with degenerative changes. Diagnosis of facet joint pain is confirmed by response to facet joint blocks or facet nerve blocks. Patients generally are sedated for the facet denervation procedure. The goal of facet denervation is long-term pain relief. However, the nerves regenerate, and repeat procedures may be required.

Radiofrequency (RF) facet denervation is the most frequently used method of facet joint denervation. RF facet joint denervation is performed under local anesthetic and with fluoroscopic guidance. A needle is directed to the median branch of the dorsal ganglion in the facet joint, where multiple thermal lesions are produced by a radiofrequency generator. The procedure is usually performed with conscious sedation.

An alternative method of facet denervation is pulsed radiofrequency (RF) ablation. Pulsed radiofrequency consists of short bursts of electrical current of high voltage in the radiofrequency range but without heating the tissue enough to cause coagulation. It is suggested as a possibly safer alternative to thermal radiofrequency facet denervation. Temperatures do not exceed 42°C at the probe tip, versus temperatures in the 60°s C reached in thermal RF denervation, and tissues may cool between pulses. It is postulated that transmission across small unmyelinated nerve fibers is disrupted but not permanently damaged, while large myelinated fibers are not affected.

Chemical denervation has also been used in facet joint denervation. Injections with a diluted phenol solution, a chemical ablating agent, are injected into the facet joint nerve creating denervation.

Additionally, laser denervation and cryodenervation of the facet joints have also been investigated as treatment for chronic spinal pain.

***\*\*\*Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

#### Policy

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**BCBSNC may provide coverage for Facet Joint Denervation when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.**

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## Benefits Application

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This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

## When Facet Joint Denervation is covered

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Radiofrequency denervation of cervical facet joints (C3-4 and below) and lumbar facet joints may be considered medically necessary when the criteria in the Policy Guidelines section below are met.

## When Facet Joint Denervation is not covered

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Radiofrequency denervation is considered investigational for the treatment of chronic spinal/back pain for all uses that do not meet the criteria listed in the Policy Guidelines section, including but not limited to treatment of thoracic facet or sacroiliac (SI) joint pain.

All other techniques of facet joint denervation for the treatment of chronic back pain are considered investigational including, but not limited to:

- Pulsed radiofrequency denervation;
- Laser;
- Cryodenervation;
- Chemical denervation.

Therapeutic (as opposed to diagnostic) medial branch blocks are considered investigational.

## Policy Guidelines

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Candidates for radiofrequency facet (RF) denervation should meet **all** of the following criteria:

1. No prior spinal fusion surgery in the vertebral level being treated;
2. Disabling non-radicular low back (lumbosacral) or neck (cervical) pain, suggestive of facet joint origin as documented in the medical record based upon all of the following:
  - (a) history, consisting of mainly axial or non-radicular pain, and
  - (b) physical examination, with positive provocative signs of facet disease, **and**
  - (c) radiographic imaging that excludes other causes of cervical or lumbar pain prior to treatment with spinal injections and that documents the presence of facet disease;
3. Pain has failed to respond to three (3) months of conservative management which must consist of therapies that include:
  - (a) oral analgesics (e.g., nonsteroidal anti-inflammatory medications, acetaminophen), and
  - (b) manipulation or physical therapy, and
  - (c) a home exercise program;
4. A trial of controlled diagnostic medial branch blocks consisting of two (2) separate positive blocks or placebo controlled series of blocks under fluoroscopic guidance that have each resulted in at least a 50% reduction in pain; and
5. If there has been a prior successful radiofrequency (RF) denervation, then a minimum time of six (6) months has elapsed since prior RF denervation treatment (per side, per anatomical level of the spine). Repeat blocks are not necessary after 6 months or more have elapsed since prior RF denervation treatment, if symptoms and treatment are at the

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same location(s) or spinal level(s), and presentation is similar to that of initial or prior treatment.

6. If no prior diagnostic medial branch blocks have ever been done, even if the patient responded well to prior RF denervations, those denervations are NOT a substitute for an initial trial of nerve blocks, and, therefore, medial branch nerve blocks would be necessary before a repeat RF denervation is done.

## Rationale:

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.

The diagnostic blocks should involve the levels being considered for RF denervation treatment. These diagnostic blocks should be targeted to the likely pain generator. Single level blocks lead to more precise diagnostic information. Multiple single level blocks may require several visits and additional exposure to radiation.

There is insufficient evidence to evaluate the effect of therapeutic medial branch blocks on facet joint pain.

Pulsed radiofrequency does not appear to be as effective as non-pulsed radiofrequency denervation, and there is insufficient evidence to evaluate the efficacy of laser denervation or cryodenervation for facet joint pain.

The use of chemical facet joint denervation using phenol, alcohol and/or hypertonic saline has been proposed as an option for pain relief. However, there is a lack of published data to support the safety and efficacy of this technique.

The published literature is insufficient to support the efficacy of laser denervation or cryodenervation for any level of spinal facet or sacroiliac joint pain.

## Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: 64633, 64634, 64635, 64636*

**\*\*\*Note: The American Medical Association's CPT Editorial Panel decided in June 2005 that the unlisted CPT code 64999 should be used for pulsed RF treatment as opposed to other specific codes.**

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

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## Scientific Background and Reference Sources

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BCBSA Medical Policy Reference Manual [Electronic Version]. 7.01.116, 3/12/2009

Senior Medical Director - 5/2009

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.01.116, 6/10/2010

Specialty Matched Consultant Advisory Panel – 11/2010

Binder DS, et.al. The provocative lumbar facet joint. *Curr Rev Musculoskelet Med* (2009) 2:15–24. Retrieved June 22,2011 from <http://web.ebscohost.com/ehost/detail?sid=5e550a78-8723-46c6-92f0-2d3cac53b6e4%40sessionmgr10&vid=5&hid=11>

Institute for Clinical Systems Improvement. Health Care Guideline: Adult low back pain. Fourteenth Edition, November 2010. Retrieved from [http://www.icsi.org/low\\_back\\_pain/adult\\_low\\_back\\_pain\\_8.html](http://www.icsi.org/low_back_pain/adult_low_back_pain_8.html) June 22, 2011

Medical Director –7/2011

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.01.116, 10/1/2011

American Society of Anesthesiologists (ASA). Practice guidelines for chronic pain management. An updated report by the American Society of Anesthesiologists Task Force on chronic pain management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology* 2010; 112:810 –33.

Specialty Matched Consultant Advisory Panel – 11/2011

## Policy Implementation/Update Information

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6/8/09 New policy adopted from the BCBS Association. Reviewed with Senior Medical Director 5/7/09. "BCBSNC may provide coverage for Radiofrequency Facet Joint Denervation when it is determined to be medically necessary because the medical criteria and guidelines shown below are met." Under the "When Covered" section; "Radiofrequency denervation of cervical facet joints (C3-4 and below) and lumbar facet joints may be considered medically necessary when all the criteria listed below are met: 1.) No prior spinal fusion surgery in the vertebral level being treated; 2.) Low back (lumbosacral) or neck (cervical) pain, suggestive of facet joint origin as evidenced by the absence of nerve root compression documented in the medical record on history, physical, and radiographic evaluations; and the pain is not radicular; 3.) Pain has failed to respond to three months of conservative management which may consist of therapies such as nonsteroidal anti-inflammatory medications, acetaminophen, manipulation, physical therapy, and a home exercise program; 4.) A trial of controlled diagnostic medial branch blocks (3 separate positive blocks or placebo controlled series of blocks) under fluoroscopic guidance has resulted in at least a 50% reduction in pain; and 5.) If there has been a prior successful radiofrequency (RF) denervation, a minimum time of six months has elapsed since prior RF treatment (per side, per anatomical level of the spine)." The following indications are noted under the "When Not Covered" section; "1.) Radiofrequency denervation is considered 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 or sacroiliac (SI) joint pain. 2.) Pulsed radiofrequency denervation is considered investigational for the treatment of chronic spinal/back pain." Notice given 6/8/09. Policy effective 9/14/09. (btw)

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- 2/2/10 Added specific CPT codes; 64622, 64623, 64626, 64627, 77003 to “Billing/Coding” section. Notice given 2/2/10. Policy effective date 5/11/2010. (btw)
- 6/22/10 Policy Number(s) removed (amw)
- 12/21/10 “Description” section revised. Policy reformatted. Criteria moved from the “When Covered” section to “Policy Guidelines”. “Policy Guidelines” updated to indicate 2 (rather than 3) positive blocks are required and information about single versus multiple level diagnostic blocks also added. References added. Specialty Matched Consultant Advisory Panel review 11/29/2010. (btw)
- 8/30/11 “Description” section updated. Added the following statement to the “When Not Covered” section; “All other techniques of facet joint denervation for the treatment of chronic back pain are considered investigational including, but not limited to: Laser; Cryodenervation.” Reworded #2 under “Policy Guidelines” to indicate; “Non-radicular low back (lumbosacral) or neck (cervical) pain, suggestive of facet joint origin as documented in the medical record on history, physical and radiographic evaluations. Radiographic evidence is necessary to exclude other causes of cervical or lumbar pain prior to treatment with spinal injections and to document the presence of facet disease;” #3 “Pain has failed to respond to three (3) months of conservative management which must consist of therapies, including oral analgesics (e.g., nonsteroidal anti-inflammatory medications, acetaminophen), and manipulation or physical therapy, and a home exercise program;” and Added the following to #5 “Repeat blocks are not necessary after 6 months since prior RF treatment, if symptoms and treatment are at the same location(s) or spinal level(s), and presentation is similar to that of initial or prior treatment.” #6 “If no prior diagnostic medial branch blocks have ever been done, even if the patient responded well to prior RF ablations, those ablations are NOT a substitute for an initial trial of nerve blocks, and, therefore, medial branch nerve blocks would be necessary before repeat RF ablation is done.” Medical Director review 7/18/2011. Notification given 8/30/2011. Policy effective 12/6/2011. References added. (btw)
- 1/1/12 Specialty Matched Consultant Advisory Panel review 11/30/2011. “Description” section revised. “Chemical denervation” added to the “When Not Covered” section. “All other techniques of facet joint denervation for the treatment of chronic back pain are considered investigational including, but not limited to: Pulsed radiofrequency denervation; Laser; Cryodenervation; and Chemical denervation.” “Therapeutic (as opposed to diagnostic) medial branch blocks are considered investigational.” “Policy Guidelines” updated. Added the following new 2012 CPT codes to the “Billing/Coding” section: 64633, 64634, 64635, and 64636. Deleted CPT codes: 64622, 64623, 64626, and 64627. Notification given 1/1/2012. Policy effective date 4/1/2012. (btw)
- 1/24/12 Added new 2012 CPT codes, 64633, 64634, 64635, and 64636 to Billing/Coding section. Removed the following deleted codes, 64622, 64623, 64626, and 64627. Also removed 77003 since this service is now reported as part of the new procedure codes. (btw)

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.