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1.0 Description of the Procedure, Product, or Service

Percutaneous radiofrequency (RF) 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 nerve blocks. Recipients generally are sedated for the RF procedure. 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 goal of facet denervation is long-term pain relief. However, the nerves regenerate, and repeat procedures may be required.

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.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

Note: Most children will be able to get all the services they need under the core (basic) plan of NC Health Choice. A child who qualifies as having special needs may be able to receive additional services not covered by the core plan.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Radiofrequency denervation of cervical facet joints (C3-4 and below) and lumbar facet joints may be covered under the NC Health Choice Program when **ALL** of the following criteria are met:

- a. No prior spinal fusion surgery in the vertebral level being treated;
- b. 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;
- c. 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;
- d. A trial of controlled diagnostic medial branch blocks [three (3) separate positive blocks or placebo controlled series of blocks] under fluoroscopic guidance has resulted in at least a 50% reduction in pain; **AND**
- e. 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).

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Radiofrequency Facet Joint Denervation is not covered in the following situations:

- a. Radiofrequency denervation is considered investigational for the treatment of chronic spinal/back pain for all uses that do not meet the criteria in **Subsection 3.2**, including, but not limited to, treatment of thoracic facet or sacroiliac (SI) joint pain.
- b. Pulsed radiofrequency denervation is considered investigational for the treatment of chronic spinal/back pain.

4.3 Other Medical Policy Guidelines

No controlled trials evaluating RF denervation in thoracic facet joints were identified. 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 recipients. 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. One small RCT comparing pulsed RF to sham treatment was identified in the literature review. Van Zundert and colleagues randomized 23 recipients (of 256 screened) with chronic cervical radicular pain. The authors concluded that pulsed RF may provide pain relief for a limited number of carefully selected recipients. These findings must be confirmed in larger studies before drawing conclusions regarding the efficacy of pulsed RF.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for radiofrequency facet joint denervation.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
September 30, 2011	Throughout	Policy Date of Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

There are no specific CPT or HCPCS codes for this service.

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.

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Outpatient Hospital and Office

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.