



MEDICAL POLICY STATEMENT OHIO MARKETPLACE PLANS

Policy Name	Policy Number	Date Effective
Radiofrequency Facet Ablation (RFA)	MM-0151	08/01/2019
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

Medical Policy Statement prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease,

Medical Policy Statements, Provider Manuals, Member H

If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

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A. Subject

Radiofrequency Facet Ablation (RFA)

B. Background

Interventional procedures for management of acute and chronic pain are part of a comprehensive pain management care plan that incorporates conservative treatment in a multimodality approach. Multidisciplinary treatments include promoting patient self-management and aim to reduce the impact of pain on a patient's daily life, even if the pain cannot be relieved completely. Interventional procedures for the management of pain unresponsive to conservative treatment should be provided only by physicians qualified to deliver these health services. After a successful diagnostic facet medial nerve block injection, available interventional options to help manage pain in selected patients may include a radiofrequency facet ablation which ablates the nerve. Facet neurotomy should be performed with imaging guidance.

A presumptive diagnosis of facet joint pain is made clinically. This may be confirmed by relief of pain through Diagnostic Medial Branch Nerve Block, an injection of local anesthetic to the medial branches of the posterior rami of the dorsal spinal nerves supplying the proposed facet joint(s). In the therapeutic phase after positive diagnostic block, a successful radiofrequency facet ablation of the affected (same anatomic location of the positive diagnostic block) nerve may relieve pain for a period of months to a year or more until nerve regeneration occurs. Interventional procedures for management of pain should be part of a comprehensive pain management care plan that incorporates an initial trial of conservative treatment utilizing appropriate medications, physical therapy modalities and behavioral support as needed. Interventional procedures for the management of pain unresponsive to conservative treatment should be provided only by physicians qualified to deliver these health services.

Evidence for cervical spine radiofrequency facet ablation is Level II-1 (criteria as described by the Agency for Healthcare Research and Quality [AHRQ] and the US Preventative Services Task Force [USPSTF]). The average duration of pain relief greater than 50% from baseline is 7 to 9 months after initial cervical facet radiofrequency ablation. If indicated, repeat cervical radiofrequency facet ablation is successful 67% to 95% of the time. Evidence for lumbar spine radiofrequency facet ablation is Level II-2 with favorable results at less than 6 months post-procedure. The average pain relief greater than 50% from baseline is 9 months after initial lumbar radiofrequency facet ablation. If indicated, repeat lumbar radiofrequency facet ablation is successful 33% to 85% of the time, with subsequent relief enduring for an average of 12 months.

The evidence for cervical spine facet medial branch nerve block injections is fair. Available literature for thoracic spine facet medial branch nerve block injections shows Level II scientific evidence (criteria as described by the Agency for Healthcare Research and Quality [AHRQ] and the US Preventative Services Task Force [USPSTF]) for diagnostic accuracy in 3 studies with a total of less than 200 subjects. For therapeutic injections 3 reports exist with 76% to 90% achieving relief at 12 months, but without placebo controls. Evidence is Level I or II-1 for diagnostic lumbar facet medial branch nerve block injections and good for therapeutic lumbar facet medial branch nerve block injections in 11 randomized trials.



C. Definitions

Radiofrequency facet ablation (RFA) is performed using percutaneous introduction of an electrode under fluoroscopic guidance to thermocoagulate medial branches of the dorsal spinal nerves.

A _____ refers to the zygapophyseal joint or the two medial branch (MB) nerves that innervate that zygapophyseal joint.

Diagnostic medial branch nerve block refers to the _____ of facet-mediated pain requiring the establishment of pain relief following medial branch blocks (MBB) or intra-articular injections (IA). Neither physical exam nor imaging has adequate diagnostic power to confidently distinguish the facet joint as the pain source

A _____ is defined as all injections/blocks/RF procedures performed on one day and includes medial branch blocks (MBB), intraarticular injections (IA), facet cyst ruptures, and radiofrequency (RF) ablations.

Conservative therapy is a multimodality plan of care. **Multimodality care plans include BOTH of the following:**

- **Active conservative therapies** such as physical therapy, occupational therapy, a physician supervised home exercise program (HEP), or chiropractic care
- **Home Exercise Program (HEP):** includes two components that are both required to meet CareSource policy for completion of conservative therapy:
 - Information provided for an exercise prescription and/or plan documented in the medical record AND follow up documented in the medical record with member with information provided regarding completion of HEP (after suitable six (6) week period), or inability to complete HEP due to a stated physical reason- i.e. increased pain, inability to physically perform exercises. (Patient inconvenience or noncompliance without explanation
- **Inactive conservative therapies** such as rest, ice, heat, medical devices, acupuncture, TENS unit, prescription medications.
 - If a TENS unit is part of the care plan, the frequency of use, and duration of use with dates must be documented in the medical record. General



D. Policy

I. A prior authorization is required for each radiofrequency facet joint denervation/ablation for pain management. Documentation, including dates of service, for conservative therapies are not required for PA, but must be available upon request.

A. Facet radiofrequency ablation is indicated when **ALL of the following** criteria are met:

1. Patient must have history of at least 3 months of moderate to severe pain with functional impairment and pain is inadequately responsive to conservative care such as NSAIDs, acetaminophen, physical therapy (as tolerated).

1.1 Pain is not predominantly axial and non-radiating and is located in either the cervical, thoracic, or lumbar spine.

2. A thorough history and physical exam documenting cause of the pain, if known, denervation symptoms, several exacerbating factors, abnormal physical and diagnostic findings and previous conservative treatment measures.

3. Relevant imaging studies of the pa(ag)4.o996 (gh)3.989 Tc 153.38r Tc 153.310 (ud)-7. hp JTJETQq0 C



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