



## REIMBURSEMENT POLICY STATEMENT OHIO MARKETPLACE PLANS

Policy Name	Policy Number	Effective Date
Radiofrequency Facet Ablation	PY-1078	04/01/2020
Policy Type		
Medical	Administrative	Pharmacy
		<b>REIMBURSEMENT</b>

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management 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, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local

A. Subject  
**Radiofrequency Facet Ablation**

B. Background



### E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting Centers for Medicare & Medicaid Services (CMS) approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the CMS fee schedule for appropriate codes.

**The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates.**

Radiofrequency Facet Ablation	Description
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)

### F. Related Policies/Rules

Radiofrequency Facet Ablation MM-0151

### G. Review/Revision History

	DATE	ACTION
Date Issued	12/11/2019	
Date Revised	N/A	
Date Effective	04/01/2020	
Date Archived		

### H. References

- 1.

