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Subject: Neurolysis/Ablation

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DESCRIPTION:

Radiofrequency neurolysis/ablation for facet joint pain

Facet joints (also called zygapophysial joints or z-joints), are posterior to the vertebral bodies in the spinal column and connect the vertebral bodies to each other, They are located at the junction of the inferior articular process of a more cephalad vertebra, and the superior articular process of a more caudal vertebra. These joints provide stability and enable movement, allowing the spine to bend, twist, and extend in different directions. They also restrict hyperextension and hyperflexion.

Facet joints are clinically important spinal pain generators in those with chronic spinal pain. Facet joints may refer pain to adjacent structures, making the underlying diagnosis difficult, as referred pain may assume a pseudoradicular pattern. Lumbar facet joints may refer pain to the back, buttocks, and lower extremities while cervical facet joints may refer pain to the head, neck and shoulders.

Imaging findings are of little value in determining the source and location of ‘facet joint syndrome’, a term referring to back pain caused by pathology at the facet joints. Imaging studies may detect changes in facet joint architecture, but correlation between radiologic findings and symptoms is unreliable. Although clinical signs are also unsuitable for diagnosing facet joint-mediated pain, they may be of value in selecting candidates for controlled local anesthetic blocks of either the medial branches or the facet joint itself. This is an established tool in diagnosing facet joint syndrome.

Radiofrequency neurolysis is a minimally invasive treatment for facet joint pain. It involves using energy in the radiofrequency range to cause necrosis of specific nerves (medial branches of the dorsal rami), preventing the neural transmission of pain. The objective of radiofrequency neurolysis is to both provide relief of pain and reduce the likelihood of recurrence. Radiofrequency neurolysis has been employed for over 30 years to treat facet joint pain.

Chemical neurolysis/ablation

Chemical neurolysis (chemical ablation, chemical denervation, chemodenervation) may be performed to provide pain relief for peripheral nerve pain. A chemical ablating agent (e.g., diluted phenol, hypertonic saline) is injected into the nerve, with the intent of destroying the internal contents of the nerve while preserving its outer sheath.

NOTE: Peripheral nerve blocks, anti-inflammatory injections and local anesthetic injections into the soft tissue surrounding the nerve do not represent neurolysis.

Peripheral nerve pain may occur in the foot, as described below:

Morton's neuroma

According to the National Institutes of Health National Library of Medicine, a neuroma is a thickening of nerve tissue that may develop in various parts of the body. The most common neuroma in the foot is a Morton's neuroma, which occurs between the third and fourth toes. It is sometimes referred to as an intermetatarsal neuroma. "Intermetatarsal" describes its location in the ball of the foot between the metatarsal bones. Neuromas may also occur in other locations in the foot.

Symptoms of Morton's neuroma include tingling, burning, or numbness; pain, a feeling that something is inside the ball of the foot, or a feeling that there's something in the shoe or a sock is bunched up.

Ultrasound testing has been shown to be very effective in diagnosing neuromas. Because nerve tissue is not seen on an x-ray, the x-ray will not show the neuroma. A skilled foot specialist will be able to actually feel the neuroma on examination of the foot. Special studies such as MRI and CT scan have little value in the diagnosis of a neuroma.

Plantar Fasciitis

Plantar fasciitis is one of the most common complaints related to the foot. Plantar fasciitis is irritation and swelling of the thick tissue on the bottom of the foot. The plantar fascia is a very thick band of tissue that connects the heel bone to the toes. This band of tissue is what creates the arch of the foot. When the fascia is overstretched or overused, it can become inflamed. When the fascia is inflamed, it can be painful and can make walking more difficult.

The most common symptom is pain in the bottom of the heel, which is usually worse in the morning and may improve throughout the day. By the end of the day the pain may be replaced by a dull ache that improves with rest.

Other neuritis of the foot

Neuritis is the inflammation of a nerve. Other neuritic foot conditions include but are not limited to Tarsal Tunnel Syndrome, Medial Plantar Neuritis, Digital Neuritis, Deep Peroneal Neuritis, and Baxter's nerve neuritis.

POSITION STATEMENT:

Paravertebral facet joint neurolysis/ablation

Facet joint pain

Paravertebral facet joint non-pulsed radiofrequency neurolysis (ablation) for pain suggestive of facet joint origin **meets the definition of medical necessity** for the following:

- No evidence that the primary source of pain being treated is discogenic pain, sacroiliac joint pain, disc herniation, or radiculitis, **AND**
- Pain causing functional disability, or an average painlevel of ≥ 6 on a scale of 1 to 10 prior to each radiofrequency procedure, including radiofrequency procedures done unilaterally on different days, **AND**
- Duration of pain of at least 3 months, **AND**
- One of the following:
    - Positive response to one or two controlled local anesthetic blocks of the facet joint nerves (medial branch blocks), with at least 70% pain relief and/or improved ability to function for a minimal duration equal to at least that of the local anesthetic, but with insufficient sustained relief (less than 2-3 months relief), **AND** failure to respond to active conservative non-operative management for a minimum of 6 weeks in the last 6 months, unless the medical reason this treatment cannot be done is clearly documented, **OR**
    - Positive response to prior radiofrequency neurolysis procedures with at least 50% pain relief and/or improved ability to function for at least 4 months, and is actively engaged in other forms of appropriate active conservative nonoperative therapy* (unless pain prevents participation in conservative therapy*)

Frequency of treatment

- Treatment is limited to 2 facet neurolysis procedures every 12 months, per region (cervical is considered one region, thoracic is considered one region, and lumbar is considered one region)
- On a single date of service a facet joint can be treated unilaterally or bilaterally, depending on the location of the pain
- Bilateral procedures and unilateral procedures are considered as equivalent in calculating the total number of procedures allowed per year
- If the one side is treated first, and then the contralateral side is treated within 2 weeks or less, this will be considered one procedure
- If the one side is treated first, and then the contralateral side is treated more than 2 weeks later, this will be considered 2 procedures

*Conservative non-operative therapy (spine) should include a multimodality approach consisting of a combination of active and inactive components. Inactive components, such as rest, ice, heat, modified activities, medical devices, acupuncture and/or stimulators, medications, injections (including trigger point), and diathermy can be utilized. Active modalities consist of either physical therapy, a physician supervised home exercise program**, or chiropractic care.

** A home exercise program (HEP) must consist of the following two elements:

1. Documentation provided of an exercise/prescription plan
2. Follow up with member with documentation provided regarding completion of HEP (after 4-6 weeks), or inability to complete HEP due to a physical reason, such as increased pain, or inability to physically perform exercises. NOTE: member inconvenience or noncompliance without explanation does not constitute inability to complete a HEP.

Contraindications to facet joint neurolysis/ablation include:

- History of allergy to local anesthetics or other drugs potentially utilized
- Lumbosacral radicular pain (dorsal root ganglion)
- Conditions/diagnosis for which procedure is used are other than those listed above

- Absence of positive diagnostic blocks
- For any nerve other than the medial branch nerve

All other methods of facet neurolysis are considered **experimental or investigational**, including but not limited to pulsed radiofrequency neurolysis, cooled radiofrequency neurolysis, laser neurolysis, chemical neurolysis and cryoneurolysis.

Radiofrequency neurolysis (all types), laser neurolysis, and cryoneurolysis are considered **experimental or investigational** for all other nerves, joints, and conditions, including but not limited to pain associated with the sacroiliac joint (SI) joints, osteoarthritis, and conditions of the foot (e.g., Morton's neuroma, plantar fasciitis, and other foot pain). The available scientific evidence does not support conclusions regarding safety, effectiveness, and net outcomes.

Chemical neurolysis/ablation for foot pain

Chemical neurolysis meets the definition of medical necessity for foot pain when **ALL** of the following criteria are met:

Morton's neuroma:

- A thorough history and physical is performed to accurately diagnose the neuroma, **AND**
- Diagnostic tests have ruled out other bony pathology, **AND**
- There is documentation of attempt and failure of at least **ONE** physical/mechanical treatment:
  - Padding
  - Strapping
  - Icing
  - Orthotic devices
  - Activity modification
  - Changes in shoe wear
  - Physical therapy, **AND**
- There is documentation of attempt and failure of at least **ONE** pharmacological treatment:
  - Medications (e.g. NSAIDS, unless contraindicated)
  - Nerve block
  - Anti-inflammatory injections (e.g., corticosteroids)
  - Local anesthetic injection.

Intralesional alcohol injections are considered **experimental or investigational** for treatment of Morton's neuroma. There is insufficient published clinical evidence to support safety and effectiveness.

Plantar fasciitis and other neuritis of the foot:

- A thorough history and physical is performed to accurately diagnose plantar fasciitis/neuritis, **AND**
- There is documentation of attempt and failure of at least **ONE** physical/mechanical treatment:
  - Stretching
  - Strapping

- Icing
- Orthotic devices
- Activity modification
- Changes in shoe wear
- Physical therapy, **AND**

- There is documentation of attempt and failure of at least **ONE** pharmacological treatment:
  - Medications (e.g. NSAIDS, unless contraindicated)
  - Anti-inflammatory injections (e.g., corticosteroids).

All other methods of neurolysis for conditions of the foot are considered **experimental or investigational**, as the published clinical evidence does not support conclusions regarding effects on health outcomes.

Documentation should clearly indicate the agent used for neurolytic destruction.

Imaging (fluoroscopic or ultrasound) performed with chemical neurolysis for conditions of the foot **does not meet the definition of medical necessity.**

Chemical neurolysis for all other nerves, joints, and conditions, including but not limited to pain associated with osteoarthritis is considered **experimental or investigational**. Data in published medical literature are inadequate to permit scientific conclusions on long-term and net health outcomes.

BILLING/CODING INFORMATION:

The following codes may be used to describe neurolysis:

CPT Coding

0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve (**investigational**)
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve (**investigational**)
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve) (**investigational**)
64620	Destruction by neurolytic agent, intercostal nerve **(investigational)**
64630	Destruction by neurolytic agent; pudendal nerve **(investigational)**
64632	Destruction by neurolytic agent; plantar common digital nerve
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)
64640	Destruction by neurolytic agent, other peripheral nerve or branch

Coding Notes:

Per CPT guidelines:

- CPT code 64632 is the correct code for reporting destruction by neurolytic agent of the plantar common digital nerve(s) (e.g., Morton's neuroma).
- CPT code 64640 is not appropriate for reporting destruction by neurolytic agent for Morton's neuroma.
- CPT code 64640 may be used to report chemical neurolysis for plantar fasciitis and other neuritis of the foot.

ICD-10 Diagnosis Codes That Support Medical Necessity (facet joint)

M47.011 – M47.012	Anterior spinal artery compression syndromes, occipital and cervical regions
M47.016	Anterior spinal artery compression syndromes, lumbar region
M47.021 – M47.022	Vertebral artery compression syndromes, occipital and cervical regions
M47.11 – M47.12	Other spondylosis with myelopathy, occipital and cervical regions
M47.16	Other spondylosis with myelopathy, lumbar region
M47.21 – M47.22	Other spondylosis with radiculopathy, occipital and cervical regions
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.811 – M47.812	Spondylosis without myelopathy or radiculopathy, occipital and cervical regions
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.891 – M47.892	Other spondylosis, occipital and cervical regions
M54.2	Cervicalgia
M54.31 – M54.32	Sciatica
M54.5	Low back pain
M96.1	Post-laminectomy syndrome, not elsewhere classified

ICD-10 Diagnosis Codes That Support Medical Necessity (foot pain)

G57.51 – G57.52	Tarsal tunnel syndrome
G57.60 – G57.63	Lesion of plantar nerve (Morton's metatarsalgia)
G57.81 – G57.82	Other mononeuropathies of lower limb
G57.91 – G57.92	Mononeuropathy of lower limb

REIMBURSEMENT INFORMATION:

Percutaneous non-pulsed radiofrequency neurolysis for facet joint pain:

64633 and 64634 in any combination, are limited to 12 in 12 months.

64635 and 64636 in any combination, are limited to 12 in 12 months.

Chemical neurolysis for Morton's neuroma:

Total number of procedures (64632) is limited to five (5) in three (3) months. Each injection should be at least one (1) week apart.

Chemical neurolysis for plantar fasciitis and other neuritis of the foot: Total number of procedures (64640) is limited to five (5) in three (3) months. Each injection should be at least one (1) week apart.

NOTE: Services in excess of the limitations shown above are subject to medical review of documentation. The following information is required documentation to support medical necessity: physician history and physical, radiology study reports, physician progress notes with documentation of conservative treatment, treatment plan including narrative, physician operative report. Documentation must support "Position Statement" criteria and provide rationale for additional procedures.

LOINC Codes:

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Radiology	18726-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan, plan of treatment	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy initial assessment	18735-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy progress note	11508-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Current, discharge, or administered medications	34483-8	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician operative report	28573-4	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage Products:

The following Local Coverage Determinations (LCDs) were reviewed on the last guideline reviewed date: Destruction of Paravertebral Facet Joint Nerve(s) (L33814) and Destruction by neurolytic agent; interdigital nerve of the foot—Morton's Neuroma (L33812) located at fcso.com.

DEFINITIONS:

Chemical neurolysis: destruction of a nerve by injection of agent directly into the nerve.

Cryoneurolysis: destruction of a nerve with the use of extreme cold; also called cryosurgery, cryoablation, cryodenervation (e.g., iovera treatment)

Facet joint: each of four joints formed above and below and on either side of a vertebra by bony projections (articular processes). The smooth surface at the end of the bony projections is called a facet. Each vertebra has a bony projection on either side which angles downward on its lower side and a bony projection that angles upward on either side. The lower projections of one vertebra meet the upper projections of the vertebra below it, forming facet joints.

Laser ablation: destruction of a nerve with a powerful beam of light that produces intense heat when focused at close range.

Medial branch block: injection of local anesthetic near the very small nerve branches that control sensation to the facet joints.

Morton's neuroma: a thickening of the nerve present in the space between the third and fourth toes.

Neurolysis, ablation. denervation or neuro-ablation: destruction of a nerve.

Plantar fasciitis: inflammation of the band of tissue that connects the heel bone to the toes.

Radiofrequency neurolysis (radiofrequency lesioning): destruction of a nerve with the use of heat.

RELATED GUIDELINES:

Nerve Block Injections, 02-61000-29
Facet Joint Injections, 02-61000-30

OTHER:

None.

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 06/27/19.

GUIDELINE UPDATE INFORMATION:

11/15/07	New Medical Coverage Guideline.
05/15/09	Scheduled review; update to description section to include medical necessity management statement, update position statement to include coverage criteria, and update to reimbursement statement limitations.
09/15/09	Update position statement.
07/15/10	Revisions consisting of Billing and Coding section changes to include coding guidelines.
11/15/10	Revision; MCG title changed to “Neurolysis”; updated description section to include chemical neurolysis for foot pain; updated position statement to include coverage criteria for neurolysis for foot pain; revised CPT coding to include 64632; revised coding notes; updated ICD-9 coding to include 355.5, 355.6, 355.79, 355.8 and 728.71; added related ICD-10 codes; revised reimbursement section; added Medicare exception; added MCG 02-61000-29 as a related guideline; updated references; reformatted guideline.
05/15/11	Scheduled review; position statement unchanged; references updated.
07/15/11	Revision; formatting changes.
10/15/11	Revision; added experimental/investigational coverage statement for neurolysis of sacroiliac (SI) joints; formatting changes.
01/01/12	Annual HCPCS coding update. Added 64633, 64634, 64635 and 64636. Deleted 64622, 64623, 64626 and 64627. Updated Coding Notes and Reimbursement Information sections.
03/15/12	Scheduled review. Revised description section, position statement and ICD9/ICD10 coding sections; deleted Medicare Advantage Program Exception; updated references and reformatted guideline.
07/15/12	Revision; added program exception for Medicare Advantage products.
03/15/13	Scheduled review. Revised position statement (chemical neurolysis is E/I for facet neurolysis). Revised description, ICD10 coding and Medicare Advantage program exception (added ICD9 and HCPCS codes). Updated references and reformatted guideline.
05/11/14	Revision: Program Exceptions section updated.

07/01/15	Scheduled review. Revised description and position statement. Updated references.
10/01/15	Revision; updated ICD10 coding section.
11/01/15	Revision: ICD-9 Codes deleted.
07/01/16	Quarterly CPT/HCPCS update. Added codes 0440T, 0441T, AND 0442T.
08/15/16	Revision; updated ICD10 coding section.
10/01/16	ICD-10 coding update: added code G57.63.
02/15/17	Revision; updated Reimbursement Information section.
04/15/17	Revision: updated pain relief criteria and frequency of treatment criteria for facet joint neurolysis. Updated references.
06/15/17	Revision: added codes 64620 and 64630.
10/15/17	Revision: Revised MCG title and description section. Added clarifying language to Position Statement regarding when neurolysis is considered E/I. Revised ICD10 coding section, Reimbursement Information section, and definitions. Updated references.
07/15/18	Scheduled review. Revised criteria and frequency of treatment. Updated references.
08/15/18	Revision: added coverage statement (E/I) for intralesional alcohol injections for treatment of Morton's neuroma. Updated program exceptions section and references.
03/15/19	Revision: updated frequency of treatment section and references.
07/15/19	Scheduled review. Revised home exercise program requirements. Updated references.
09/01/19	Revision: clarified what constitutes an "active" modality.