

Medical Coverage Policy

Policy Number – MP22-021E

Original review date – 04/15/2022

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Radiofrequency ablation of facet joints

Background

Facet joints are also known as zygapophyseal or apophyseal joints. They are synovial joints between the superior articular process of one vertebra and the inferior articular process of the vertebra directly above it. There are two facet joints (right and left) in each spinal segment.

Facet joint osteoarthritis is a common cause of back and neck pain in older adults.

Policy statement

Disclaimer: This policy is applicable to TRICARE Prime and Select beneficiaries and may not apply to Active Duty Service Members (ADSM) under Supplemental Health Care Program (SHCP) or TRICARE Prime Remote (TPR) in accordance with TRICARE Operations Manual (TOM) Chapter 17, Section 3. Please review TOM Chapter 17, Section 3, Paragraph 2.0 onwards, regarding SHCP coverage and any TRICARE-specific exclusions included in this coverage policy to accurately determine the benefit for ADSMs.

Non-pulsed radiofrequency neurotomy may be indicated when ALL of the following are present:

- I. Chronic spinal pain (at least three months' duration) originating from one or more of the following:
 - a. Cervical spine (eg, following whiplash injury)
 - b. Lumbar spine
- II. Pain IS NOT thoracic
- III. Pain IS NOT radicular
- IV. Pain IS NOT caused by nerve root compression
- V. Failure to respond to three consecutive months of nonoperative management, as indicated by one or more of the following:
 - a. Home exercise program
 - b. Pharmacotherapy
 - c. Physical therapy or spinal manipulation therapy
- VI. Fluoroscopically guided controlled local anesthetic blocks of medial branches of dorsal spinal nerves achieve at least 50% pain relief from baseline pain scores
- VII. Imaging studies and physical examination have ruled out other causes of spinal pain (eg, herniated disk, spinal stenosis, fracture, tumor)
- VIII. Limited number of prior facet neurotomies, as indicated by one or more of the following:
 - a. No prior history of facet neurotomy

- b. If there has been a prior successful radiofrequency denervation, a minimum time of 6 months has elapsed since prior radiofrequency treatment (per side, per anatomic level of the spine)
- IX. No coagulopathy
- X. No current infection
- XI. No prior spinal fusion surgery at the vertebral level being treated

TRICARE Policy Manual Chapter 4, Section 20.1

2.8 Non-pulsed Radiofrequency (RF) denervation (CPT procedure codes 64633 - 64636) for the treatment of chronic cervical and lumbar facet pain is covered when the following criteria are met:

2.8.1 No prior spinal fusion surgery in the vertebral level being treated; and

2.8.2 Low back (lumbosacral) or neck (cervical) pain, suggestive of facet joint origin as evidenced by absence of nerve root compression as documented in the medical record on history, physical and radiographic evaluations; and the pain is not radicular; and

2.8.3 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; and

2.8.4 A trial of controlled diagnostic medial branch blocks under fluoroscopic guidance has resulted in at least a 50% reduction in pain; and

2.8.5 If there has been a prior successful RF denervation, a minimum time of six months has elapsed since prior RF treatment (per side, per anatomical level of the spine).

3.14 RF denervation (CPT procedure codes 64633, 64634) for the treatment of thoracic facet pain is unproven. Pulsed Radiofrequency Ablation (RFA) for spinal pain is unproven.

Coding information

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)

References

1. TRICARE Policy Manual Chapter 4, Section 20.1 [TRICARE Manuals - Manual Information \(health.mil\)](#)
2. MCG Health. Ambulatory Care. Facet Neurotomy. 28th edition. ACG: A-0218 (AC). Last reviewed: 03/14/2024

Revision History:

October 2024: Updated references

November 2023: Updated references

Approved by:

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