

Policy: MP231

Section: Medical Benefit Policy

Subject: Facet or Sacroiliac Joint Denervation

I. Policy: Facet or Sacroiliac Joint Denervation

II. Purpose/Objective:

To provide a policy of coverage regarding Facet or Sacroiliac Joint Denervation

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DESCRIPTION: Radiofrequency (RF) facet and/or sacroiliac joint denervation is a percutaneous procedure in which sensory afferent nerve fibers are selectively destroyed by heat produced by radio waves delivered through an electrode. The objective is to eliminate pain, reduce the likelihood of recurrence, and prolong the time to recurrence by selectively destroying pain fibers without inducing excessive sensory loss, motor dysfunction, or other complications. Pulsed radiofrequency (PRF, also known as cold RA) consists of short bursts of electrical current of high voltage in the radiofrequency range but without heating the tissue enough to cause coagulation. This allows the tissue to cool between bursts, resulting in considerably lower maximum temperatures, compared with the continuous mode, and reduces the risk of neighboring tissue destruction.

Neurolytic facet and/or sacroiliac joint denervation involves the application of chemical and physical agents including but not limited to alcohol, phenol, glycerol, aminoglycosides, and hypertonic saline, to selectively destroy painful nociceptive pathways.

Geisinger Health Plan requires prior authorization through HealthHelp for Musculoskeletal services for members enrolled in its Commercial HMO and PPO, Medicare Advantage, GHP Family Medicaid and CHIP products. To direct the application of these services for Geisinger Health Plan members, HealthHelp utilizes its proprietary clinical criteria, Utilization Management decision-support tools, and evidence-based medical treatment guidelines. For more information about the services that require prior authorization, refer to www.healthhelp.com/Geisinger

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Facet or Sacroiliac Joint Denervation

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

Destruction by neurolytic agent	64633
Destruction by neurolytic agent	64634
Destruction by neurolytic agent	64635
Destruction by neurolytic agent	64636

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

This policy will be revised as necessary and reviewed no less than annually.

Devised: 12/11/09

Revised: 12/11; 8/14 (criteria change, limitations); 2/15 (criteria change, limitations); 6/16 (add SI joint); 12/20 (Transition to Health Help)

Reviewed: 12/10, 12/12, 12/13, 1/16, 1/17, 1/18, 1/19, 1/20

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.