Facet Nerve Denervation (Facet Neurotomy or Facet Rhizotomy)

Policy Number:	**M20130703051**
Effective Date:	**8/1/2013**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☒Child Health Plus; ☒ Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth the medical necessity criteria for facet rhizotomy or neurotomy.

Policy:

Commercial, Self-Funded, MediSource, MediSource Connect, Child Health Plus, and Essential Plan cover facet denervation utilizing the Commercial criteria below.

Limitations:

- Only when dual medial branch blocks provide ≥ 80% relief of the primary or index pain and duration of relief is consistent with the agent employed may facet joint denervation with radiofrequency medial branch neurotomy be considered.
- Repeat denervation procedures involving the same joint will only be considered medically necessary if the patient experienced ≥ 50 % improvement in patient specific ADLs documented for at least 6 months.
- For each covered spinal region (cervical/thoracic or lumbar) no more than 2 thermal radiofrequency sessions will be reimbursed for any calendar year, involving no more than 4 joints per session, e.g., two bilateral levels or 4 unilateral levels.
- A maximum of two (2) facet injection sessions inclusive of medial branch blocks, intra-articular injections may be performed per year in the cervical/ thoracic (combined) and lumbar spine, i.e., a total of four (4) diagnostic injection sessions in total.

Medicare Advantage:
There is currently a Local Coverage Article (LCA) and a Local Coverage Determination (LCD) for facet denervation. Please refer to the links listed in the Reference section for Medicare Advantage members.

Clinical Indications

Thermal radiofrequency ablation (non-pulsed) denervation of cervical facet joints (C3-4 and below), thoracic and lumbar facet joints may be considered medically necessary when **ALL** of the following criteria are met:

- 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)
- Clinical assessment implicates the facet joint as the putative source of pain
- Pain is predominately axial, and with the possible exception of facet joint cysts, not associated with radiculopathy or neurogenic claudication
- Appropriate diagnostic paravertebral facet joint/nerve block studies have been performed with a double- comparative local anesthetic blockage of a joint, by **1 or more** of the following (If double-comparative paravertebral facet joint/nerve blocks provide significant pain relief that is not long-standing, facet joint denervation may be considered. The standard of care for paravertebral joint/nerve denervation requires that these procedures be performed under fluoroscopic- or CT-guided imaging.):
    - Intra-articular injection of a small volume of local anesthetic (0.5 to 1.0 ml)
    - Blockade of the medial branch nerves of the dorsal rami innervating the joint with a small volume of local anesthetic (0.5 to 1.0 ml)

- Documentation of **ALL** of the following:
    - A complete initial evaluation including history and an appropriately focused musculoskeletal neurological physical examination. A summary of pertinent diagnostic tests or procedure justifying the possible presence of facet joint pain
    - There is no non-facet pathology that could explain the source of the patient's pain, such as fracture, tumor, infection, or significant deformity
    - Specific joint levels affected
    - Significant but not long-lasting pain relief has been obtained from the paravertebral facet/joint nerve block. Significant pain relief is defined as greater than or equal to 80% initially with the ability to perform previously painful maneuvers
    - Electrode position, cannula size, lesion parameters and electrical stimulation parameters and findings must be specified and documented

NOT covered for **Any** of the following:

- Radiofrequency ablation of the sacroiliac joint is **considered experimental/ investigational**
- Nonthermal radiofrequency modalities for facet joint denervation including chemical, low grade thermal energy, (<80 degrees Celsius) as well as pulsed radiofrequency for denervation are not covered
- Treatment for cervicogenic headache and thoracic spine pain are considered not medically necessary and therefore not covered

Pre-Authorization Required? Yes ☐ No☐ Other ☒

Pre-authorization is not required at the present time. Claims are subject to review and may pend for clinical evaluation of medical necessity and may be denied. The criteria above will be utilized upon retrospective review.

Pre-authorization is required for radiofrequency ablation of the sacroiliac joint.

Definitions

Double comparative nerve block uses two local anesthetics with different durations of action, one on each of two separate occasions. If each of the two injections relieves pain for the duration expected for the anesthetic used, facet joint pain may be reliably diagnosed.

Facet denervation is used to treat neck or back pain originating in facet joints with degenerative changes. Spinal facet joints have been implicated as responsible for spinal pain in 15% to 45% of patients with low back pain, 36% to 67% of patients with neck pain, and 34 % to 48% with thoracic pain. Diagnosis of facet joint pain is confirmed by response to facet joint blocks or facet nerve blocks. Patients generally are sedated for the facet denervation procedure. The goal of facet denervation is long-term pain relief. However, the nerves regenerate, and repeat procedures may be required.

Facet Loading Test is part of the physical exam that helps identify the facets that will be subjected to diagnostic blocks. Clinical findings such as tenderness to palpation over the facet joint and the cutaneous distribution of pain help identify the facet joint to be injected. For cervical facet joints, there are distinctive segmental pain patterns with some overlap between these patterns and those for cervical discogenic pain. If the patient has marked tenderness to palpation of a particular facet joint or if pain

increases with motion or loading of the joint, trial blockade of the joint may be considered. Acute synovitis may present as posterior focal discrete pain easily identifiable by palpation, axial loading, and referral pattern. Intra-articular facet injections can play a role in precisely localizing the source of pain.

Pulsed radiofrequency ablation (PRFA) is a non-ablative alternative to thermal radiofrequency ablation. Pulsed radiofrequency ablation delivers short bursts of radiofrequency current rather than the continuous flow utilized in standard RFA. Pulsed radiofrequency ablation allows the tissue to cool between bursts. This technique is reported to reduce the risk of destruction of neighboring tissue. It does not destroy targeted nerves and therefore requires less precise electrode placement.

Session 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 RF ablations.

Thermal radiofrequency ablation (non-pulsed) is one of two types of radiofrequency ablation involving the percutaneous placement of a needle or electrode that destroys the nerves bringing sensation to the facet joint. Once the probe is placed, nerves are then targeted unilaterally or bilaterally for 40 to 90 seconds at temperatures of 60 to 90°C.

References

Related Policies, Processes and Other Documents
N/A

Non-Regulatory references
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Boswell MV, Colson JD, Spillane WF. Therapeutic facet joint interventions in chronic spinal pain: a systematic review of effectiveness and complications. Pain Physician. 2005; 8:101-114. http://www.painphysicianjournal.com/current/pdf?article=NzE%3D&journal=22 Accessed June 22, 2026.

Boswell MV, Trescott AM, Datta S, et al. Interventional techniques: evidence-based practice guidelines in the management of chronic spinal pain. Pain Physician. 2007; 10:7-111. http://www.painphysicianjournal.com/current/pdf?article=Nzcz&journal=31 Accessed June 22, 2026.

Huygen F, Kallewaard JW, van Tulder M, et al. "Evidence-Based Interventional Pain Medicine According to Clinical Diagnoses": Update 2018. Pain Pract. 2019;19(6):664-675.

Manchikanti L, Kaye AD, Boswell MV, et al. A Systematic Review and Best Evidence Synthesis of the Effectiveness of Therapeutic Facet Joint Interventions in Managing Chronic Spinal Pain. Pain Physician. 2015 Jul-Aug;18(4):E535-82.

Symplr, Inc. Health Technology Assessment Conventional Radiofrequency Ablation for Sacroiliac Joint Denervation for Chronic Low Back Pain. Houston, TX. December 2022.

Regulatory References

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New York State Department of Health [web site]. New York State Medicaid Program Physician Procedure Codes– Section 5 Surgery. April 2026 . Available at: https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician%20Procedure%20Codes%20Sect5.pdf Accessed June 22, 2026.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
8/1/2026	Health Care Services	Reviewed
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