



# Medical Policies



Policy Number:	S-248		
Policy Name:	Nerve Ablation and Injection		
Policy Type:	Medical	Policy Subtype:	Surgery
Effective Date:	09-15-2025	End Date:	11-02-2025

## Description

Nerve radiofrequency ablation (RFA) is a minimally invasive method that involves use of heat and coagulation necrosis to destroy tissue.

Nerve injections also known as nerve blocks are minimally invasive, this procedure involves the injection of an anesthetic agent and/or steroid to control pain and inflammation.

Nerve cryoablation is a procedure that uses cold to destroy/damage a nerve's myelin coating therefore blocking the pain signal.

## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

## Criteria

Coverage is subject to the specific terms of the member's benefit plan.

### Genicular Nerve Radiofrequency Ablation

The use of genicular nerve radiofrequency ablation is considered not medically necessary.

## Procedure Code

64624

Genicular Nerve Block/Injection

Intraoperative genicular nerve blocks may be considered medically necessary when used for post-operative pain management.

The use of genicular nerve blocks outside the intraoperative period are considered not medically necessary.

Procedure Code

64454

Nerve Cryoablation

The following uses of cryoablation are considered experimental/investigational and therefore, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature:

- Upper extremity distal/peripheral nerve cryoablation; or
- Lower extremity distal/peripheral nerve cryoablation; or
- Other truncal nerve cryoablation; or
- Nerve plexus cryoablation.

Procedure Codes

0440T	0441T	0442T
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Sacroiliac Joint Radiofrequency Ablation

The use of sacroiliac joint radiofrequency ablation is considered experimental/investigational and therefore, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Procedure Code

64625

Professional Statements and Societal Positions Guidelines

American Society of Pain and Neuroscience (2021)

The American Society of Pain and Neuroscience (2021) issued consensus guidelines using U.S. Preventive Services Task Force (USPSTF) grading criteria on the use of RFA to treat various pain conditions. The guidelines stated that genicular RFA may be used for the treatment of osteoarthritis-related and post-surgical knee joint

pain (Grade B) and may be selectively offered for the treatment of occipital neuralgia pain when greater or lesser nerves have been identified as the etiology of pain via diagnostic blocks (Grade C).

In 2021, the American Society of Pain and Neuroscience published practice a guideline on radiofrequency neurotomy.

All of the workgroup members utilized radiofrequency neurotomy in clinical practice. A consensus statement, based on Grade II-1 evidence (well-designed, controlled, nonrandomized clinical trial), was that 'lateral branch radiofrequency neurotomy may be used for the treatment of posterior sacral ligament and joint pain following positive response to appropriately placed diagnostic blocks.'

**American Academy of Orthopaedic Surgeons (2021)**

In 2021, the American Academy of Orthopaedic Surgeons published a clinical practice guideline, endorsed by the American Association of Hip and Knee Surgeons and the American Physical Therapy Association, on management of osteoarthritis (OA) of the knee. The guideline did not specifically address RFA or cryoneurolysis but did include a guideline statement on denervation therapy that included various ablation techniques (e.g., RFA, cryoneurolysis, thermal ablation and chemical ablation). The guideline stated, 'denervation therapy may reduce pain and improve function in individuals with symptomatic osteoarthritis of the knee' (strength of recommendation: limited).

**Association of Extremity Nerve Surgeons (2020)**

The Association of Extremity Nerve Surgeons issued practice guidelines in 2020 which drew the following conclusions:

We do not recommend ablation in the primary treatment of Intermetatarsal Nerve Entrapment ('Morton's Neuroma'). Radiofrequency ablation has use in the lower extremity but must be done with caution as this procedure has the potential for thermal necrosis of the adjacent tissues. Judicious use of fluoroscopy and other visualization techniques is advised while utilizing radiofrequency ablation...further research in this technique is needed.

Cryoablation (cryotherapy) should be used with extreme caution, as the amount of literature in the lower extremity is limited. If cryotherapy is used, it should ideally be performed with an open technique rather than percutaneously for optimal results.

Diagnosis Codes

Not Applicable

CURRENT CODING

CPT:

0440T	ABLTJ PERC CRYOABLTJ IMG GDN UXTR/PERPH NERVE	Medicaid Expansion
0441T	ABLTJ PERC CRYOABLTJ IMG GDN LXTR/PERPH NERVE	Medicaid Expansion
0442T	ABLTJ PERC CRYOABLTJ IMG GDN NRV PLEX/TRNCL NRV	Medicaid Expansion

64454	INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	Medicaid Expansion
64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	Medicaid Expansion
64625	RADIOFREQUENCY ABLTJ NRV NRV TG SI JT W/IMG GDN	Medicaid Expansion
0440T	ABL TJ PERC CRYOABL TJ IMG GDN UXTR/PERPH NERVE	Commercial
0441T	ABL TJ PERC CRYOABL TJ IMG GDN LXTR/PERPH NERVE	Commercial
0442T	ABL TJ PERC CRYOABL TJ IMG GDN NRV PLEX/TRNCL NRV	Commercial
64454	INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	Commercial
64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	Commercial
64625	RADIOFREQUENCY ABLTJ NRV NRV TG SI JT W/IMG GDN	Commercial

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## ND Committee Review

Internal Medical Policy Committee 7-22-2020 New Policy *Effective September 7, 2020*

Internal Medical Policy Committee 7-20-2021 Annual Review *Effective September 6, 2021*

Internal Medical Policy Committee 5-24-2022 Revision *Effective July 4, 2022*

- **Changed** Title
- **Added** Procedure Codes 0440T; 0441T; 0442T; 64454 and 64625

Internal Medical Policy Committee 7-26-2023 Revision - *Effective September 04, 2023*

- **Updated** language in statement under Genicular Nerve Block/Injection; and
- **Added** statements under Professional Statements and Societal Positions; and
- **Updated** references; and
- **Updated** grammar.

Internal Medical Policy Committee 7-16-2024 Annual Review-no changes in criteria *Effective September 2, 2024*

- **Added** Policy Application.

## Disclaimer

*Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.*