

## CHAMPVA POLICY MANUAL

**CHAPTER:** 2  
**SECTION:** 29.14  
**TITLE:** RADIOFREQUENCY FACET RHIZOLYSIS

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**AUTHORITY:** 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

**RELATED AUTHORITY:** 32 CFR 199.4(c)(2)(i)

**TRICARE POLICY MANUAL:** Chapter 3, Section 15.13

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### I. EFFECTIVE DATE

October 12, 1984

### II. PROCEDURE CODE(S)

64622-64623

### III. DESCRIPTION

A procedure used for the alleviation of chronic back pain including the use of a local anesthetic around the lumbar vertebral facets with subsequent electro-coagulation.

### IV. POLICY

Radiofrequency facet rhizolysis is a covered procedure.

### V. POLICY CONSIDERATIONS

A. The radiofrequency facet rhizolysis is indicated for patients who:

1. have not had surgery for disc disease but who have chronic low back pain and are not candidates for surgery; and

2. have had previous surgery, but have persistent chronic low back pain.

B. Claims must include documentation that conservative management of low back pain has failed and that standard surgical treatment has been attempted or is

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medically contraindicated. All claims for this treatment require medical review prior to payment.

**\*END OF POLICY\***