National Imaging Associates, Inc. *	
Clinical guidelines: **PARAVERTEBRAL FACET JOINT DENERVATION (RADIOFREQUENCY NEUROLYSIS)**	**Original Date: October 2012**
CPT Codes: **Cervical Thoracic Region: 64633, +64634** **Lumbar Region: 64635, +64636**	**Last Revised Date: ~~June~~ May 2022~~1~~**
Guideline Number: NIA_CG_302	**Implementation Date: January 2023~~2~~**

Note: Any injection performed at least two years from prior injections in the same region will be considered a new episode of care and the INITIAL injection requirements must be met for approval. Events such as surgery on the same spinal region or any new pathology would also prompt a new episode of care.

INDICATIONS FOR PARAVERTEBRAL FACET JOINT DENERVATION/RADIOFREQUENCY NEUROLYSIS

For the treatment of facet-mediated pain ALL of the following must be met:

- Lack of evidence that the primary source of pain being treated is from discogenic pain, sacroiliac joint pain, disc herniation or radiculitis[1, 2] ~~(Manchikanti, 2013, 2009); AND~~
- Pain causing functional disability **or average pain levels of > 6 on a scale of 0 to** ~~or a pain level of ≥ 6 on a scale of 0 to~~ 10 ~~prior to each radiofrequency procedure~~[1-3] ~~(Manchikanti, 2013, 2009; Summers, 2013); AND~~
- Duration of pain of at least 3 months[1, 3] ~~(Manchikanti, 2013; Summers, 2013); AND~~
- ~~One~~ **ONE** of the following:
    - Positive response to one or two controlled local anesthetic blocks of the facet joint nerves (medial branch blocks), with at least 70% pain relief or improved ability to function for a minimal duration at least equal to that of the local anesthetic, but with insufficient sustained relief (less than 2-3 months relief); **AND** **a failure to respond to non-operative conservative therapy* targeting the requested spinal region for a minimum of 6 weeks in the last 6 months unless the medical reason this treatment cannot be done is clearly documented**[1-3]**; OR**~~a failure to respond to active conservative non-operative management* for a minimum of 6 weeks in the last 6 months unless the~~

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~~medical reason this treatment cannot be done is clearly documented[1-3] (Manchikanti, 2013, 2009; Summers, 2013); **OR**~~

- Positive response to prior radiofrequency ~~neurolysis~~ **denervation** procedures with at least 50% pain relief or improved ability to function for at least 4 **months; AND the individual is engaged in ongoing non-operative conservative therapy* unless the medical reason this treatment cannot be done is clearly documented.[1, 3-5]***

NOTE: All procedures must be performed using fluoroscopic or CT guidance[6, 7]

~~- months, and the patient is actively engaged in other forms of appropriate active conservative non-operative treatment, unless pain prevents the patient from participating in conservative therapy[1, 3-5]* (Manchikanti, 2013; Qassem, 2017; Sculco, 2001; Summers, 2013).~~

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FREQUENCY OF REPEAT PROCEDURES

Facet joint denervation procedures may be repeated only as medically necessary. Each denervation procedure requires an authorization, and the following criteria must be met:

- **Repeat denervation procedures should not be performed more frequently than every 4 months with a maximum of 2 facet denervation procedures in a 12-month period per spinal region[1]**
- ~~Limit to 2 facet neurolysis procedures every 12 months, per region[1] (Manchikanti, 2013)~~

Unilateral radiofrequency denervations performed at the same level on the right vs left within 1 month of each other would be considered as one procedure toward the total number of radiofrequency procedures allowed per 12 months. There is no minimum timeframe required between these procedures on the right vs left. Opposite side denervation procedures performed within 1 month of the first side do not require first side follow up information during the interval.

NOTE: It is generally considered not medically necessary to perform multiple interventional pain procedures on the same date of service. Documentation of a medical reason to perform injections in different regions on the same day can be provided and will be considered on a case-by-case basis (i.e., holding anticoagulation therapy on two separate dates creates undue risk for the patient). Different types of injections in the same spinal region (cervical, thoracic, or lumbar) should not be done on the same day with the exception of a facet injection and ESI performed in the same session for a synovial cyst.

EXCLUSIONS

These requests are excluded from consideration under this guideline:

- **Denervation of any nerves other than medial branch nerves (i.e., sacroiliac joint denervation, sacral lateral branch denervation, etc.)**
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~~**IMAGING**~~

- ~~All procedures must be performed using fluoroscopic or CT guidance[6,7] (Amrhein, 2016; Weininger, 2013)~~

~~**NOTE:** Unilateral radiofrequency denervations performed at the same level on the right vs left within 2 weeks of each other would be considered as one procedure toward the total number of radiofrequency procedures allowed per 12 months. Every radiofrequency procedure requires pre-authorization. Second side denervation procedures performed within 2 weeks of the first side do not require first side follow up information, during the interval.~~

CONTRAINDICATIONS FOR FACET JOINT DENERVATION

- **Active systemic or spinal infection**
- **Skin infection at the site of needle puncture**

~~**CONTRAINDICATIONS**~~

- ~~History of allergy to local anesthetics or other drugs potentially utilized~~
- ~~Lumbosacral radicular pain (dorsal root ganglion)~~
- ~~Conditions/diagnosis for which procedure is used are other than those listed in Indications~~
- ~~Absence of positive diagnostic blocks; **OR**~~
- ~~For any nerve other than the medial branch nerve~~

BACKGROUND

Facet joints, (also called zygapophyseal joints or z-joints), posterior to the vertebral bodies in the spinal column and connecting the vertebral bodies to each other, are located at the junction of the inferior articular process of a more cephalad vertebra and the superior articular process of a more caudal vertebra. These joints provide stability and enable movement, allowing the spine to bend, twist, and extend in different directions. They also restrict hyperextension and hyperflexion.[1, 8]

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Facet joints are clinically important spinal pain generators in individuals with chronic spinal pain. In 15 – 45% individuals with chronic low back pain, facet joints have been implicated as a cause of the pain. Facet joints are considered as the cause of chronic spinal pain in 48% of individuals with thoracic pain and 54 – 67% of individuals with chronic neck pain.[9] Facet joints

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may refer pain to adjacent structures, making the underlying diagnosis difficult as referred pain may assume a pseudoradicular pattern. Lumbar facet joints may refer pain to the back, buttocks, and lower extremities while cervical facet joints may refer pain to the head, neck, and shoulders.

Imaging findings are of little value in determining the source and location of 'facet joint syndrome', a term originally used by Ghormley[10] in 1933, referring to back pain caused by pathology at the facet joints. Imaging studies may detect changes in facet joint architecture, but correlation between radiologic findings and symptoms is unreliable. Although clinical signs are also unsuitable for diagnosing facet joint-mediated pain, they may be of value in selecting individuals for controlled local anesthetic blocks of either the medial branches or the facet joint itself.[11]

~~Facet joints are clinically important spinal pain generators in patients with chronic spinal pain. Pain mediated by the facet joints may be caused by repetitive stress or cumulative low-level trauma resulting in osteoarthritis and inflammation. In patients with chronic low back pain, facet joints have been implicated as a cause of the pain in 15% to 45% of patients. They are considered as the cause of chronic spinal pain in 48% of patients with thoracic pain and 54% to 67% of patients with chronic neck pain. Facet joints may refer pain to adjacent structures, making the underlying diagnosis difficult as referred pain may assume a pseudoradicular pattern. Lumbar facet joints may refer pain to the back, buttocks, and proximal lower extremities while cervical facet joints may refer pain to the head, neck, and shoulders.~~

~~Imaging findings are of little value in determining the source and location of 'facet joint syndrome', a term originally used by Ghormley and referring to back pain caused by pathology at the facet joints. Imaging studies may detect changes in facet joint architecture, but correlation between radiologic findings and symptoms is unreliable. Although clinical signs are also unsuitable for diagnosing facet joint-mediated pain, they may be of value in selecting patients for controlled local anesthetic blocks of either the medial branches or the facet joint itself. This is an established tool in diagnosing facet joint syndrome.~~

Facet joints are known to be a source of pain with definitive innervations. Interventions used in the treatment of ~~patient~~**individual**s with a confirmed diagnosis of facet joint pain include: medial branch nerve blocks in the lumbar, cervical, and thoracic spine; and radiofrequency neurolysis (*see additional terminology*). The medial branch of the primary dorsal rami of the spinal nerves has been shown to be the primary innervations of facet joints. Substance P, a physiologically potent neuropeptide considered to play a role in the nociceptive transmission of nerve impulses, is found in the nerves within the facet joint.[1, 12, 13]

Radiofrequency neurolysis is a minimally invasive treatment for cervical, thoracic, and lumbar facet joint pain. It involves using energy in the radiofrequency range to cause necrosis of specific nerves (medial branches of the dorsal rami), preventing the neural transmission of pain. The objective of radiofrequency neurolysis is to both provide relief of pain and reduce the likelihood of recurrence.[14]

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Members of the American Society of Anesthesiologists (ASA) and the American Society of Regional Anesthesia and Pain Medicine (ASRA) have agreed that conventional or thermal radiofrequency ablation of the medial branch nerves to the facet joint should be performed for neck or low back pain.[15] Radiofrequency neurolysis has been employed for over 30 years to treat facet joint pain. Prior to performing this procedure, shared decision-making between patient and physician must occur, and **the** patient must understand the procedure and its potential risks and results.

OVERVIEW

THERAPEUTIC PARAVERTEBRAL FACET JOINT DENERVATION (RADIOFREQUENCY NEUROLYSIS): ~~–L~~local anesthetic block **is** followed by the passage of radiofrequency current to generate heat and coagulate the target medial branch nerve. Traditional radiofrequency and cooled radiofrequency are included by this definition. Pulsed radiofrequency, cryo-ablation, or laser ablation are not included in this definition.

***Conservative Therapy - Non-operative treatment should include a multimodality approach consisting of a combination of active and inactive components. Inactive components can include rest, ice, heat, modified activities, medical devices, acupuncture, stimulators, medications, injections, and diathermy. Active modalities should be region-specific (targeting the cervical, thoracic, or lumbar spine) and consist of physical therapy, a physician-supervised home exercise program**, or chiropractic care.**[3, 4, 16]

****Home Exercise Program (HEP) - The following two elements are required to meet guidelines for completion of conservative therapy:**

- **Documentation of an exercise prescription/plan provided by a physician, physical therapist, or chiropractor[4, 5, 17] ; AND**
- **Follow-up documentation regarding completion of HEP after the required 6-week timeframe or inability to complete HEP due to a documented medical reason (i.e., increased pain or inability to physically perform exercises). Closure of medical offices, closure of therapy offices, patient inconvenience, or noncompliance without explanation does not constitute "inability to complete" HEP.**[3, 4]

~~***Conservative Therapy:** (Spine) should include a multimodality approach consisting of a combination of active and inactive components. Inactive components, such as rest, ice, heat, modified activities, medical devices, acupuncture or stimulators, medications, injections (including trigger point), and diathermy can be utilized. Active modalities consist of physical therapy, a physician supervised home exercise program** or chiropractic care (Qassem, 2017; Summers, 2013).[3, 4]~~

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~~**Home Exercise Program (HEP) – the following two elements are required to meet guidelines for completion of conservative therapy:~~

- ~~Documentation provided of an exercise prescription/plan[4,5] (Qassem, 2017; Sculco, 2001); AND –~~
- ~~Follow up with member with documentation provided regarding completion of HEP, (after suitable 6-week period) or inability to complete HEP due to physical reason- i.e. increased pain, inability to physically perform exercises. Closure of medical offices, closure of therapy offices, patient inconvenience or noncompliance without explanation does not constitute "inability to complete" HEP.~~

Terminology: Paravertebral Facet Joint Denervation, Radiofrequency Neurolysis, Destruction Paravertebral Facet Joint Nerve, Facet Joint Rhizotomy, Facet Neurolysis, Medial Branch Radiofrequency Neurolysis, Medial Branch Radiofrequency Neurotomy or Radiofrequency Denervation.

POLICY HISTORY

Date	Summary
May 2022	• Added note to clarify when INITIAL injection requirements must be met for approval • Added region-specific wording to conservative treatment requirement (e.g., conservative therapy targeting the requested spinal region) • Clarified average pain levels • Added Exclusions section, including Denervation of any nerves other than medial branch nerves (i.e., sacroiliac joint denervation, sacral lateral branch denervation, etc.) • Increased interval time frame from 2 weeks to 1 month for unilateral rf denervations performed at same level • Increased interval time from from 2 weeks to 1 month for 2nd side denervation procedures • Updated Contraindication Section • Clarified lack of medical necessity of performing multiple pain procedures on same DOS
June 2021	• No change
October 2020	• Added to Frequency: *Second side denervation procedures performed within 2 weeks of the first side do not require additional documentation during the interval.* • Updated Home Exercise Program section to include: *Closure of medical offices, closure of therapy offices*, patient inconvenience, or noncompliance without explanation, does not constitute 'inability to complete' HEP

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	• Modified: Pain causing functional disability or a pain level of ≥ 6 on a scale of 0 to 10 prior to each radiofrequency procedure, including radiofrequency procedures done unilaterally on different days
October 2019	• Added: All procedures must be performed using fluoroscopic or CT guidance
November 2018	• Frequency: Changed limit to 'per region' instead of 'per facet joint' • Overview section: Removed examples of yoga, Tai Chi, aerobic exercise from HEP • Added and updated references

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REFERENCES

American Society of Anesthesiologists (ASA) Task Force on Chronic Pain Management, American Society of Regional Anesthesia and Pain Medicine. Practice guidelines for chronic pain management: An updated report by the American Society of Anesthesiologist Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology*. 2010; 112(4):810-33. http://www.asahq.org/Search.aspx?q=facet+radiofrequency&site=All.

Amrhein TJ, Joshi AB, Kranz PG. Technique for CT fluoroscopy-guided lumbar medial branch blocks and radiofrequency ablation. *AJR Am J Roentgenol*. 2016 Sep; 207(3):631-4.

Chou R, Atlas SJ, Stanos SP, et al. Nonsurgical interventional therapies for low back pain: A review of the evidence for an American Pain Society clinical practice guideline. *Spine*. 2009; 34(10):1078-1093. doi: 10.1097/BRS.0b013e3181a103b1.

Datta S, Lee M, Falco FJ, et al. Systematic assessment of diagnostic accuracy and therapeutic utility of lumbar facet joint intervention. *Pain Physician*. 2009; 12(2):37-460. http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0027734/.

Ghormley RK. Low-back pain with special reference to the articular facets, with presentation of an operative procedure. *JAMA*. 1933; 101:1773-7.

Henschke N, Kuijpers T, Rubinstein S. Injection therapy and denervation procedures for chronic low-back pain: A systematic review. *Eur Spine J*. 2010; 19(9):1425-1449.

International Spine Intervention Society Proposed Medical Treatment Guidelines for Cervical Spine Injury and Low Back Pain. November 14, 2013.

Manchikanti L, Abdi S, Atluri S, et al. An update of comprehensive evidence-based guidelines for interventional techniques of chronic spinal pain: Part II: Guidance and recommendations. *Pain Physician*. 2013; 16(2 suppl):S49-S283.

Manchikanti L, Boswell, MV, Singh V, et al. Comprehensive evidence-based guidelines for interventional techniques in the management of chronic spinal pain. *Pain Physician*. 2009; 12(4):699-802.

Muhlner SB. Review article: Radiofrequency neurotomy for the treatment of sacroiliac joint syndrome. *Curr Rev Musculoskelet Med*. 2009; 2(1):10-14.

Qassem A, Wilt T, McLean RM, et al. Noninvasive treatments for acute, subacute and chronic low back pain: A clinical practice guideline from the American College of Physicians. *Ann Intern Med*. April 4, 2017; 166(7):514-530.

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Summers J. International Spine Intervention Society Recommendations for treatment of Cervical and Lumbar Spine. *Pain*. November 14, 2013. https://www.spineintervention.org/?page=S3_PG.

Sculco AD, Paup DC, Fernhall B, et al. Effects of aerobic exercise on low back pain patients in treatment. *Spine J*. 2001; 1(2):95-101.

Weininger M, Mills JC, Rumboldt Z, et al. Accuracy of CT guidance of lumbar facet joint block. *AJR Am J Roentgenol*. 2013 Mar; 200(3):673-6.

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1. Manchikanti L, Abdi S, Atluri S, et al. An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. *Pain Physician*. Apr 2013;16(2 Suppl):S49-283.
2. Manchikanti L, Boswell MV, Singh V, et al. Comprehensive evidence-based guidelines for interventional techniques in the management of chronic spinal pain. *Pain Physician*. Jul-Aug 2009;12(4):699-802.
3. Summers J. International Spine Intervention Society Recommendations for treatment of Cervical and Lumbar Spine Pain. 2013.
4. Qaseem A, Wilt TJ, McLean RM, et al. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med*. Apr 4 2017;166(7):514-530. doi:10.7326/m16-2367
5. Sculco AD, Paup DC, Fernhall B, Sculco MJ. Effects of aerobic exercise on low back pain patients in treatment. *Spine J*. Mar-Apr 2001;1(2):95-101. doi:10.1016/s1529-9430(01)00026-2
6. Weininger M, Mills JC, Rumboldt Z, Bonaldi G, Huda W, Cianfoni A. Accuracy of CT guidance of lumbar facet joint block. *AJR Am J Roentgenol*. Mar 2013;200(3):673-6. doi:10.2214/ajr.12.8829

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7. Amrhein TJ, Joshi AB, Kranz PG. Technique for CT Fluoroscopy-Guided Lumbar Medial Branch Blocks and Radiofrequency Ablation. *AJR Am J Roentgenol*. Sep 2016;207(3):631-4. doi:10.2214/ajr.15.15694
8. Kim BY, Concannon TA, Barboza LC, Khan TW. The Role of Diagnostic Injections in Spinal Disorders: A Narrative Review. *Diagnostics (Basel)*. Dec 9 2021;11(12)doi:10.3390/diagnostics11122311
9. Manchikanti L, Boswell MV, Singh V, Pampati V, Damron KS, Beyer CD. Prevalence of facet joint pain in chronic spinal pain of cervical, thoracic, and lumbar regions. *BMC musculoskeletal disorders*. 2004;5:15-15. doi:10.1186/1471-2474-5-15
10. Ghormley RK. Low back pain: with special reference to the articular facets, with presentation of an operative procedure. *JAMA*. 1933;101(23):1773-1777.
11. Gellhorn AC, Katz JN, Suri P. Osteoarthritis of the spine: the facet joints. *Nature reviews Rheumatology*. 2013;9(4):216-224. doi:10.1038/nrrheum.2012.199
12. Kallakuri S, Li Y, Chen C, Cavanaugh JM. Innervation of cervical ventral facet joint capsule: Histological evidence. *World J Orthop*. Feb 18 2012;3(2):10-4. doi:10.5312/wjo.v3.i2.10
13. Li W, Gong Y, Liu J, et al. Peripheral and Central Pathological Mechanisms of Chronic Low Back Pain: A Narrative Review. *J Pain Res*. 2021;14:1483-1494. doi:10.2147/jpr.S306280
14. Lee DW, Pritzlaff S, Jung MJ, et al. Latest Evidence-Based Application for Radiofrequency Neurotomy (LEARN): Best Practice Guidelines from the American Society of Pain and Neuroscience (ASPN). *J Pain Res*. 2021;14:2807-2831. doi:10.2147/jpr.S325665
15. Practice guidelines for chronic pain management: an updated report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology*. Apr 2010;112(4):810-33. doi:10.1097/ALN.0b013e3181c43103
16. American College of Radiology. ACR Appropriateness Criteria® Low Back Pain. American College of Radiology (ACR). Updated 2021. Accessed November 10, 2021. https://acsearch.acr.org/docs/69483/Narrative/
17. Durmus D, Unal M, Kuru O. How effective is a modified exercise program on its own or with back school in chronic low back pain? A randomized-controlled clinical trial. *J Back Musculoskelet Rehabil*. 2014;27(4):553-61. doi:10.3233/bmr-140481

ADDITIONAL RESOURCES

1. Practice guidelines for chronic pain management: an updated report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology*. Apr 2010;112(4):810-33. doi:10.1097/ALN.0b013e3181c43103
2. Chou R, Atlas SJ, Stanos SP, Rosenquist RW. Nonsurgical interventional therapies for low back pain: a review of the evidence for an American Pain Society clinical practice guideline. *Spine (Phila Pa 1976).* May 1 2009;34(10):1078-93. doi:10.1097/BRS.0b013e3181a103b1
3. Datta S, Lee M, Falco FJ, Bryce DA, Hayek SM. Systematic assessment of diagnostic accuracy and therapeutic utility of lumbar facet joint interventions. *Pain Physician*. Mar-Apr 2009;12(2):437-60.

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4. Ghormley RK. Low back pain: with special reference to the articular facets, with presentation of an operative procedure. *JAMA*. 1933;101(23):1773-1777.
5. Henschke N, Kuijpers T, Rubinstein SM, et al. Injection therapy and denervation procedures for chronic low-back pain: a systematic review. *Eur Spine J*. Sep 2010;19(9):1425-49. doi:10.1007/s00586-010-1411-0
6. Muhlner SB. Review article: radiofrequency neurotomy for the treatment of sacroiliac joint syndrome. *Curr Rev Musculoskelet Med*. Mar 2009;2(1):10-4. doi:10.1007/s12178-008-9038-z

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