

## MEDICAL POLICY – 7.01.555

## Facet Joint Denervation

BCBSA Ref. Policy: 7.01.116

Effective Date: June 10, 2020

Last Revised: June 9, 2020

Replaces: 7.01.116

## RELATED MEDICAL POLICIES:

6.01.23 Diagnosis and Treatment of Sacroiliac Joint Pain


7.01.107 Interspinous and Interlaminar Stabilization/Distraktion Devices (Spacers)

7.01.120 Facet Arthroplasty

7.01.125 Occipital Nerve Stimulation

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## Introduction

Back pain is a common symptom and disability in some people. Despite extensive knowledge of the bones, nerves, muscles, tendons, and structures of the spine, it is still very difficult to identify a specific source of back pain for many people. A part of the spine felt to cause pain for some people are the facet joints. Facet joints connect the bones of the spine (vertebrae) to stabilize your back and help your spine move. Arthritis or boney changes can develop in these small joints. It is felt that nerves can be compressed by the arthritic changes and lead to pain. Studies have shown that for a small number of people, back pain can be improved by destruction of these nerves (denervation). The nerves are destroyed using a form of electrical waves known as non-pulsed radiofrequency waves. Often the denervation must be repeated every 6 to 12 months because the nerves grow back. Because only a small number of people respond to this treatment, it is important to undergo temporary nerve blocks to identify who will get relief from the radiofrequency treatment. This service must be pre-approved by the plan before it is covered. Records that show at least two successful temporary nerve blocks are needed. Studies have shown that other methods of destroying these nerves (such as pulsed radiofrequency, heat, laser, chemical or freezing) do not work.

**Note:** The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for

providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

## Policy Coverage Criteria

Procedure	Medical Necessity
<p><b>Cervical/Lumbar Radiofrequency denervation</b></p>	<p><b>Non-pulsed radiofrequency denervation of cervical facet joints (C2-3 and below) and lumbar facet joints is considered medically necessary when ALL of the following criteria are met:</b></p> <ul style="list-style-type: none"> <li>• There is no prior spinal fusion surgery in the vertebral level being treated</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Patient has experienced disabling low back (lumbosacral) or neck (cervical) pain for greater than three (3) months, suggestive of facet joint origin and other causes of cervical or lumbar pain such as disc herniation or narrowing of the vertebral canal have been excluded as documented in the medical record and radiographic imaging</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Pain has failed to respond to three (3) months of conservative management, which may consist of therapies such as oral analgesics (nonsteroidal anti-inflammatory medications, acetaminophen), manipulation or physical therapy, and a home exercise program</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• There has been a successful trial of two controlled medial branch blocks (MBBs) with at least 80% pain relief for the duration of the anesthetic prior to performing the second MBB (see <a href="#">Related Information</a>)</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• If there has been a prior successful radiofrequency denervation, a minimum time of six (6) months has elapsed since prior RF treatment (per side, per anatomical level of the spine)               <ul style="list-style-type: none"> <li>○ There should be a progress note supporting response to prior RF treatment</li> </ul> </li> </ul>



Procedure	Medical Necessity
<b>Additional diagnostic medial branch blocks</b>	<b>If there has been a prior successful radiofrequency denervation, additional diagnostic medial branch blocks for the same level of the spine are not medically necessary.</b>

Procedure	Investigational
<b>Thoracic Radiofrequency denervation</b>	<b>Radiofrequency denervation is considered investigational for the treatment of chronic spinal/back pain for all uses that do not meet the criteria listed above including but not limited to treatment of thoracic facet joint pain.</b>
<b>Therapeutic medial branch blocks</b>	<b>Therapeutic medial branch blocks are considered investigational.</b>
<b>All other methods of facet denervation</b>	<p><b>All other methods of denervation are considered investigational for the treatment of chronic spinal/back pain, including, but not limited to</b></p> <ul style="list-style-type: none"> <li>• Pulsed radiofrequency denervation</li> <li>• Laser denervation</li> <li>• Chemodenervation <ul style="list-style-type: none"> <li>○ alcohol, phenol, or high-concentration local anesthetics</li> </ul> </li> <li>• Cryodenervation</li> <li>• Cooled radiofrequency ablation for facet denervation (eg, COOLIEF)</li> <li>• Endoscopic radiofrequency denervation (rhizotomy)</li> </ul>

Documentation Requirements
<p><b>For requests for non-pulsed radiofrequency denervation of cervical facet joints (C2-3 and below) and lumbar facet joints, please provide the the following current clinical notes:</b></p> <ul style="list-style-type: none"> <li>• The level and side (right or left) you are planning to treat</li> <li>• Documentation that no prior spinal fusion surgery was done in the vertebral level (the specific area) being treated</li> <li>• Detailed history and physical with notes detailing how long the patient has experienced disabling low back or neck pain</li> <li>• Evidence that suggests the pain is arising from the facet joint and documentation that other causes of the pain have been ruled out (eg, copy of imaging showing absence of disc herniation or narrowing of the vertebral canal)</li> </ul>



## Documentation Requirements

- Conservative treatment tried/failed for at least 3 months (conservative treatment may consist of therapies such as oral analgesics [nonsteroidal anti-inflammatory medications, acetaminophen], manipulation or physical therapy, and a home exercise program)
- Documentation of successful trial of controlled diagnostic medial branch blocks. Documentation shows at least 80% pain relief for the duration of anesthetic from the first medical branch block before the second medical branch block is performed:
  - Medial branch blocks should consist of 2 separate positive blocks on different days with local anesthetic only (no steroids or other drugs)
  - Medial branch blocks should involve the vertebral levels being considered for radiofrequency treatment and should not be conducted under intravenous sedation unless specifically indicated (eg, the patient is unable to cooperate with the procedure)
- If there has been a prior successful radiofrequency denervation:
  - There should be documentation that a minimum of six (6) months has passed since prior radiofrequency treatment (per side, per vertebral level of the spine)
  - Clinical note showing response to prior radiofrequency treatment

## Coding

Code	Description
<b>CPT</b>	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (CT or fluoroscopy); cervical or thoracic, single facet joint
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
64999	Unlisted procedure, nervous system



### Definition of Terms

**Diagnosis of facet-mediated pain:** This requires the establishment of pain relief following dual medial branch blocks (MBBs) performed at different sessions. Neither physical exam nor imaging has adequate diagnostic power to confidently distinguish the facet joint as the pain source.

**Facet joints (also referred to as zygapophyseal or Z-joints):** These enable the spine to bend and twist. Each vertebra has a set of facet joints at the top and bottom. Two medial branch (MB) nerves innervate the zygapophyseal joints.

**Region:** All injections performed in cervical/thoracic or all injections performed in lumbar (not sacral) spinal areas.

**Session:** All injections/blocks/RF procedures performed on one day and includes medial branch blocks (MBB), intraarticular injections (IA), facet cyst ruptures, and RF ablations.

### Diagnostic Medial Branch Block Criteria

- A successful trial of controlled diagnostic medial branch blocks consists of 2 separate positive blocks on different days with local anesthetic only (no steroids or other drugs), OR
- A placebo-controlled series of blocks, under fluoroscopic guidance, that has resulted in at least an 80% reduction in pain for the duration of the local anesthetic used (eg, 3 hours longer with bupivacaine than lidocaine).
- No therapeutic intra-articular injections (ie, steroids, saline, or other substances) should be administered for a period of at least 4 weeks prior to the diagnostic medial branch block.
- The diagnostic blocks should involve the levels being considered for RF treatment and should not be conducted under intravenous sedation unless specifically indicated (eg, the patient is unable to cooperate with the procedure).
- These diagnostic blocks should be targeted to the likely pain generator. Single-level blocks lead to more precise diagnostic information, but multiple single-level blocks require several visits and additional exposure to radiation.

### Description

Percutaneous radiofrequency (RF) facet denervation is used to treat neck or back pain originating in facet joints with degenerative changes. Diagnosis of facet joint pain is confirmed by response to nerve blocks. The goal of facet denervation is long-term pain relief. However, the nerves regenerate and, therefore, repeat procedures may be required.

### Background

Percutaneous facet joint denervation is performed under sedation with local anesthesia and fluoroscopic guidance. A needle or probe is directed to the median branch of the dorsal ganglion innervating the facet joint, where multiple thermal lesions are produced, typically by a RF generator. A variety of terms may be used to describe RF denervation (eg, rhizotomy, rhizolysis). In addition, the structures to which the RF energy is directed may be referred to as facet joint, facet nerves, medial nerve or branch, median nerve or branch, or dorsal root ganglion.

Alternative methods of denervation include pulsed RF, laser, chemodenervation and cryoablation, cooled radiofrequency denervation, and endoscopic radiofrequency ablation. Pulsed RF consists of short bursts of electric current of high voltage in the RF range but without heating the tissue enough to cause coagulation. It is suggested to possibly be a safer alternative to thermal RF facet denervation. Temperatures do not exceed 42°C at the probe tip versus temperatures in the 60°C reached in thermal RF denervation, and tissues may cool between pulses. It is postulated that transmission across small unmyelinated nerve fibers is disrupted but not permanently damaged, while large myelinated fibers are not affected. With chemical denervation, injections with a diluted phenol solution, a chemical ablating agent, are injected into the facet joint nerve. Endoscopic radiofrequency ablation (rhizotomy) is an alternative to percutaneous electrode RFA. It is a posterior endoscopic method using a cannula with a video camera at one end and a specially designed radiofrequency bipolar electrode.

## Summary of Evidence

For individuals who have suspected facet joint pain who receive diagnostic medial branch blocks, the evidence includes a systematic review of 17 diagnostic accuracy studies, a small randomized trial, and several large case series. Relevant outcomes are other test performance measures, symptoms, and functional outcomes. There is considerable controversy about the role of these blocks, the number of positive blocks required, and the extent of pain relief obtained. Studies have reported the use of single or double blocks and at least 50% or 80% improvement in pain and function. This evidence has suggested that there are relatively few patients who exhibit pain relief following two nerve blocks, but that these select patients may have pain relief for several months following RF denervation. Other large series have reported the prevalence and false-positive rates following controlled diagnostic blocks, although there are issues with the reference standards used in these studies because there is no criterion standard for the diagnosis of facet joint pain. There is level I evidence for the use of medial branch blocks for diagnosing chronic lumbar facet joint pain and level II evidence for diagnosing cervical and thoracic facet joint pain. The evidence available supports a threshold of at least 75% to 80% pain relief to reduce the false-positive rate. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have facet joint pain who receive RFA, the evidence includes a systematic review of RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, and medication use. While the evidence is limited to a few randomized controlled trials with small sample sizes, RF facet denervation appears to provide at least 50% pain relief in carefully selected patients. Diagnosis of facet joint pain is difficult. However, response to controlled medial branch blocks and the presence of tenderness over the facet joint appears to be reliable predictors of success. When RF facet denervation is successful, repeat treatments appear to have similar success rates and durations of pain relief. Thus, the data indicate that, in carefully selected individuals with lumbar or cervical facet joint pain, RF treatments can improve outcomes. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have facet joint pain who receive therapeutic medial nerve branch blocks or alternative methods of facet joint denervation the evidence includes uncontrolled case series and randomized trials without a sham control. Relevant outcomes are symptoms, functional outcomes, quality of life, and medication use. Pulsed RF does not appear to be as effective as conventional RF denervation, and there is insufficient evidence to evaluate the efficacy of other methods of denervation (eg, alcohol, laser, cryodenervation) for facet joint pain or the effect of therapeutic medial branch blocks on facet joint pain. The evidence is insufficient to determine the effects of the technology on health outcomes.



McCormick et al (2014) stated that while cooled radiofrequency ablation (C-RFA) appeared to be a promising technology for joint denervation, outcomes of this technique for the treatment of lumbar facet syndrome have not been described. The authors concluded that the findings in this case series study suggested that C-RFA may improve function and to a lesser degree pain at long-term follow-up. However, a randomized, controlled trial is needed.

Clinical outcomes from a pilot study evaluating endoscopic radiofrequency ablation (rhizotomy) were presented as a professional society conference abstract, Yeung et al. 2011. There is insufficient evidence identified in the published medical literature to determine the safety and efficacy of endoscopic radiofrequency ablation for the treatment of facet joint related pain.

## Ongoing and Unpublished Clinical Trials

Currently ongoing and unpublished trials that might influence this review are listed in [Table 1](#).

**Table 1. Summary of Key Trials**

NCT No.	Trial Name	Planned Enrollment	Completion Date
<b>Ongoing</b>			
<a href="#">NCT02073292<sup>a</sup></a>	A Randomized Controlled Trial Comparing Thermal and Cooled Radiofrequency Ablation Techniques of Thoracic Facets' Medial Branches to Manage Thoracic Pain	61	Dec 2019
<a href="#">NCT03066960</a>	Long Term Efficacy of Radiofrequency Neurotomy for Chronic Zygapophysial (Facet) Joint Related Neck Pain	44	Jun 2022
<a href="#">NCT02148003</a>	Effect of the Temperature Used in Thermal Radiofrequency Ablation on Outcomes of Lumbar Facets Medial Branches Denervation Procedures: A Randomized Double-Blinded Trial	237	Feb 2021
<a href="#">NCT02179476<sup>a</sup></a>	A Multi-Site Study of the Zyga GlyDer Facet Restoration Device in Subjects with LUmbar FacET Pain Syndrome (DUET)	2	Sep 2018 (terminated)
<b>Unpublished</b>			
<a href="#">NCT02478437</a>	A Prospective Trial of Cooled Radiofrequency Ablation of Medial Branch Nerves for the Treatment of Lumbar Facet Syndrome	48	Aug 2018 (completed)





NCT No.	Trial Name	Planned Enrollment	Completion Date
NCT02002429	Medial Branch Blocks vs. Intra-articular Injections: Randomized, Controlled Study Comparing Lumbar Facet Radiofrequency Denervation Using Diagnostic Injections	225	Aug 2017 (completed)

NCT: national clinical trial.

<sup>a</sup> Denotes industry-sponsored or cosponsored trial.

## Clinical Input Received through Physician Specialty Societies and Academic Medical Centers

While the various physician specialty societies and academic medical centers may collaborate with and make recommendations during this process, through the provision of appropriate reviewers, input received does not represent an endorsement or position statement by the physician specialty societies or academic medical centers, unless otherwise noted.

In response to requests, input was received from four physician specialty societies and five academic medical centers (six responses) while this policy was under review in 2010. Input supported the use of radiofrequency denervation for facet joint pain. Those providing input supported the use of two diagnostic blocks achieving a 50% reduction in pain.

## Practice Guidelines and Position Statements

### *Association of Neurological Surgeons and Congress of Neurological Surgeons*

The American Association of Neurological Surgeons and the Congress of Neurological Surgeons (CNS) (2014) updated their joint guidelines on the treatment of degenerative disease of the lumbar spine.<sup>33</sup> The two groups provided grade B recommendations: (1) intra-articular injections of lumbar facet joints were not suggested for the treatment of facet-mediated chronic low back pain; (2) medial nerve blocks were suggested for the short-term relief of facet-mediated chronic low back pain; and (3) lumbar medial nerve ablation is suggested for the short-term (3- to 6-month) relief of facet-mediated pain in patients who have chronic lower back pain without radiculopathy from degenerative disease of the lumbar spine.



## ***American Society of Interventional Pain Physicians***

Updated guidelines on interventional techniques for the management of chronic spinal pain from the American Society of Interventional Pain Physicians were published in 2013.<sup>34</sup> Diagnostic lumbar facet joint nerve blocks were recommended in patients with suspected facet joint pain, based on good evidence for diagnostic lumbar facet joint nerve blocks with 75% to 100% pain relief as criterion standard. For the treatment of facet joint pain, evidence was considered good for conventional radiofrequency (RF), limited for pulsed RF, fair-to-good for lumbar facet joint nerve blocks, and limited for intra-articular injections. Based on the evidence review, the Society recommended treatment with conventional RF neurotomy or therapeutic facet joint nerve blocks.

## ***American Society of Anesthesiologists et al***

Practice guidelines on chronic pain management from the American Society of Anesthesiologists and the American Society of Regional Anesthesia and Pain Medicine were published in 2010.<sup>35</sup> The guidelines included the following recommendations:

- “Radiofrequency ablation: Conventional (eg, 80°C) or thermal (eg, 67°C) radiofrequency ablation of the medial branch nerves to the facet joint should be performed for low back (medial branch) pain when previous diagnostic or therapeutic injections of the joint or medial branch nerve have provided temporary relief.
- Chemical denervation: Chemical denervation (eg, alcohol, phenol, or high-concentration local anesthetics) should not be used in the routine care of patients with chronic noncancer pain.”

## ***American Pain Society***

The American Pain Society (2009) practice guidelines on nonsurgical interventions for low back pain stated that “there is insufficient (poor) evidence from randomized trials (conflicting trials, sparse and lower quality data, or no randomized trials) to reliably evaluate” a number of interventions including facet denervation.<sup>11</sup>



## *National Institute for Health and Care Excellence*

The National Institute for Health and Care Excellence (NICE; 2016) published guidance on the assessment and management of low back pain and sciatica in those over 16 years of age.<sup>36</sup> The NICE recommended that RF denervation can be considered for patients with chronic low back pain when “non-surgical treatment has not worked for them and the main source of pain is thought to come from structures supplied by the medial branch nerve and they have moderate or severe levels of localized back pain.” RF denervation should only be performed “after a positive response to a diagnostic medial branch block.” The NICE cautioned that the length of pain relief after RF denervation is uncertain, and that results from repeat RF denervation procedures are also uncertain.

## Medicare National Coverage

There is no national coverage determination.

## Regulatory Status

A number of RF generators and probes have been cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process. In 2005, the SInergy® (Kimberly Clark/Baylis), a water-cooled single-use probe, was cleared by the Food and Drug Administration, listing the Baylis Pain Management Probe as a predicate device. The intended use is with an RF generator to create RF lesions in nervous tissue. Food and Drug Administration product code: GXD

## References

1. Boswell MV, Manchikanti L, Kaye AD, et al. A best-evidence systematic appraisal of the diagnostic accuracy and utility of facet (zygapophysial) joint injections in chronic spinal pain. *Pain Physician*. Jul-Aug 2015;18(4):E497-533. PMID 26218947
2. Falco FJ, Datta S, Manchikanti L, et al. An updated review of the diagnostic utility of cervical facet joint injections. *Pain Physician*. Nov-Dec 2012;15(6):E807-838. PMID 23159977
3. Falco FJ, Manchikanti L, Datta S, et al. Systematic review of the therapeutic effectiveness of cervical facet joint interventions: an update. *Pain Physician*. Nov-Dec 2012;15(6):E839-868. PMID 23159978



4. Falco FJ, Manchikanti L, Datta S, et al. An update of the systematic assessment of the diagnostic accuracy of lumbar facet joint nerve blocks. *Pain Physician*. Nov-Dec 2012;15(6):E869-907. PMID 23159979
5. Falco FJ, Manchikanti L, Datta S, et al. An update of the effectiveness of therapeutic lumbar facet joint interventions. *Pain Physician*. Nov-Dec 2012;15(6):E909-953. PMID 23159980
6. Cohen SP, Strassels SA, Kurihara C, et al. Randomized study assessing the accuracy of cervical facet joint nerve (medial branch) blocks using different injectate volumes. *Anesthesiology*. Jan 2010;112(1):144-152. PMID 19996954
7. Cohen SP, Stojanovic MP, Crooks M, et al. Lumbar zygapophysial (facet) joint radiofrequency denervation success as a function of pain relief during diagnostic medial branch blocks: a multicenter analysis. *Spine J*. May-Jun 2008;8(3):498-504. PMID 17662665
8. Pampati S, Cash KA, Manchikanti L. Accuracy of diagnostic lumbar facet joint nerve blocks: a 2-year follow-up of 152 patients diagnosed with controlled diagnostic blocks. *Pain Physician*. Sep-Oct 2009;12(5):855-866. PMID 19787011
9. Manchikanti L, Pampati S, Cash KA. Making sense of the accuracy of diagnostic lumbar facet joint nerve blocks: an assessment of the implications of 50% relief, 80% relief, single block, or controlled diagnostic blocks. *Pain Physician*. Mar-Apr 2010;13(2):133-143. PMID 20309379
10. 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*. Jul-Aug 2015;18(4):E535-582. PMID 26218948
11. 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 (Phila Pa 1976)*. May 1 2009;34(10):1078-1093. PMID 19363456
12. Civelek E, Cansever T, Kabatas S, et al. Comparison of effectiveness of facet joint injection and radiofrequency denervation in chronic low back pain. *Turk Neurosurg*. Mar 2012;22(2):200-206. PMID 22437295
13. Lakemeier S, Lind M, Schultz W, et al. A comparison of intraarticular lumbar facet joint steroid injections and lumbar facet joint radiofrequency denervation in the treatment of low back pain: a randomized, controlled, double-blind trial. *Anesth Analg*. Jul 2013;117(1):228-235. PMID 23632051
14. Nath S, Nath CA, Pettersson K. Percutaneous lumbar zygapophysial (facet) joint neurotomy using radiofrequency current, in the management of chronic low back pain: a randomized double-blind trial. *Spine (Phila Pa 1976)*. May 20 2008;33(12):1291-1297; discussion 1298. PMID 18496338
15. Haspelslagh SR, Van Suijlekom HA, Lame IE, et al. Randomised controlled trial of cervical radiofrequency lesions as a treatment for cervicogenic headache [ISRCTN07444684]. *BMC Anesthesiol*. Feb 16 2006;6:1. PMID 16483374
16. van Wijk RM, Geurts JW, Wynne HJ, et al. Radiofrequency denervation of lumbar facet joints in the treatment of chronic low back pain: a randomized, double-blind, sham lesion-controlled trial. *Clin J Pain*. Jul-Aug 2005;21(4):335-344. PMID 15951652
17. Lord SM, Barnsley L, Wallis BJ, et al. Percutaneous radio-frequency neurotomy for chronic cervical zygapophysial-joint pain. *N Engl J Med*. Dec 5 1996;335(23):1721-1726. PMID 8929263
18. Husted DS, Orton D, Schofferman J, et al. Effectiveness of repeated radiofrequency neurotomy for cervical facet joint pain. *J Spinal Disord Tech*. Aug 2008;21(6):406-408. PMID 18679094
19. Schofferman J, Kine G. Effectiveness of repeated radiofrequency neurotomy for lumbar facet pain. *Spine (Phila Pa 1976)*. Nov 1 2004;29(21):2471-2473. PMID 15507813
20. Smuck M, Crisostomo RA, Trivedi K, et al. Success of initial and repeated medial branch neurotomy for zygapophysial joint pain: a systematic review. *PM R*. Sep 2012;4(9):686-692. PMID 22980421
21. Rambaransingh B, Stanford G, Burnham R. The effect of repeated zygapophysial joint radiofrequency neurotomy on pain, disability, and improvement duration. *Pain Med*. Sep 2010;11(9):1343-1347. PMID 20667024
22. Manchikanti L, Singh V, Falco FJ, et al. Comparative outcomes of a 2-year follow-up of cervical medial branch blocks in management of chronic neck pain: a randomized, double-blind controlled trial. *Pain Physician*. Sep-Oct 2010;13(5):437-450. PMID 20859313



23. Manchikanti L, Singh V, Falco FJ, et al. Evaluation of lumbar facet joint nerve blocks in managing chronic low back pain: a randomized, double-blind, controlled trial with a 2-year follow-up. *Int J Med Sci.* May 28 2010;7(3):124-135. PMID 20567613
24. Manchikanti L, Singh V, Falco FJ, et al. Comparative effectiveness of a one-year follow-up of thoracic medial branch blocks in management of chronic thoracic pain: a randomized, double-blind active controlled trial. *Pain Physician.* Nov-Dec 2010;13(6):535-548. PMID 21102966
25. Manchikanti L, Singh V, Falco FJ, et al. The role of thoracic medial branch blocks in managing chronic mid and upper back pain: a randomized, double-blind, active-control trial with a 2-year followup. *Anesthesiol Res Pract.* 2012;2012:585806. PMID 22851967
26. Hashemi M, Hashemian M, Mohajerani SA, et al. Effect of pulsed radiofrequency in treatment of facet-joint origin back pain in patients with degenerative spondylolisthesis. *Eur Spine J.* Sep 2014;23(9):1927-1932. PMID 24997616
27. Kroll HR, Kim D, Danic MJ, et al. A randomized, double-blind, prospective study comparing the efficacy of continuous versus pulsed radiofrequency in the treatment of lumbar facet syndrome. *J Clin Anesth.* Nov 2008;20(7):534-537. PMID 19041042
28. Van Zundert J, Patijn J, Kessels A, et al. Pulsed radiofrequency adjacent to the cervical dorsal root ganglion in chronic cervical radicular pain: a double blind sham controlled randomized clinical trial. *Pain.* Jan 2007;127(1-2):173-182. PMID 17055165
29. Tekin I, Mirzai H, Ok G, et al. A comparison of conventional and pulsed radiofrequency denervation in the treatment of chronic facet joint pain. *Clin J Pain.* Jul-Aug 2007;23(6):524-529. PMID 17575493
30. Iwatsuki K, Yoshimine T, Awazu K. Alternative denervation using laser irradiation in lumbar facet syndrome. *Lasers Surg Med.* Mar 2007;39(3):225-229. PMID 17345622
31. Joo YC, Park JY, Kim KH. Comparison of alcohol ablation with repeated thermal radiofrequency ablation in medial branch neurotomy for the treatment of recurrent thoracolumbar facet joint pain. *J Anesth.* Jun 2013;27(3):390-395. PMID 23192698
32. Haufe SM, Mork AR. Endoscopic facet debridement for the treatment of facet arthritic pain--a novel new technique. *Int J Med Sci.* May 25 2010;7(3):120-123. PMID 20567612
33. Watters WC, 3rd, Resnick DK, Eck JC, et al. Guideline update for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 13: injection therapies, low-back pain, and lumbar fusion. *J Neurosurg Spine.* Jul 2014;21(1):79-90. PMID 24980590
34. 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. PMID 23615883
35. American Society of Anesthesiologists 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 Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology.* Apr 2010;112(4):810-833. PMID 20124882
36. National Institute for Health and Care Excellence (NICE). Low back pain and sciatica in over 16s: assessment and management [NG59]. 2016; Available at: <https://www.nice.org.uk/guidance/NG59> Accessed January 2020.
37. California Technology Assessment Forum (CTAF). Percutaneous radiofrequency neurotomy for treatment of chronic pain from the upper cervical (C2-3) spine. A Technology Assessment. 2007; Available at: [http://icer-review.org/wp-content/uploads/2016/01/742\\_file\\_Neurotomy\\_Web.pdf](http://icer-review.org/wp-content/uploads/2016/01/742_file_Neurotomy_Web.pdf) Accessed January 2020.
38. McCormick ZL, Walker, J, et al. A novel modality for facet joint denervation: Cooled radiofrequency ablation for lumbar facet syndrome. A case series. *Phys Med Rehabil Int.* 2014; 1 (5):5..
39. Yeung AT, Zheng Y, Yeung C, Filed J, Meredith C. Endoscopic dorsal rhizotomy, a new anatomically guided MIS procedure is more effective than traditional pulsed radiofrequency lesioning for non-discogenic axial back pain. The International Society for the Advancement of Spine Surgery Annual Meeting 2011. PMID: 25694936.



## History

Date	Comments
05/12/14	New PR policy replacing 7.01.116, same title. Policy coverage on non-pulsed RF now considered medically necessary for level C2-3 (is investigational at C2 in policy 7.01.116) when criteria are met including two controlled medial branch blocks (MBBs) with an indication of at least 80% relief for the duration of the anesthetic prior to performing the second MBB. Unlisted CPT code 64999 removed; there are CPT codes specific to this policy referenced within. ICD-9 and ICD-10 diagnosis and procedure codes removed; these to not facilitate adjudication, this is outpatient.
05/27/15	Annual Review. Policy updated with literature review through March, 2015. Definition of Terms added to Policy Guidelines based on CMS language. References 20 and 31 added; others renumbered/removed. Policy statements unchanged.
02/16/16	Coding update. Added 64999.
11/01/16	Annual Review, approved October 11, 2016. Literature search. No changes to policy statement. Policy moved into new format. Removed unlisted CPT code 64999 from coding section.
12/01/17	Annual Review, approved November 9, 2017. Policy updated with literature review through October, 2017. References 12, 13, 42, 43, 44 added Clarified criteria statement for facet joint origin pain. Removed CPT code 64999.
03/01/18	Minor update; added Documentation Requirements section. Updated Related Policy number; 6.01.23 changed to 6.01.524.
07/01/18	Interim Review, minor update approved June 22, 2018. Added cooled radiofrequency ablation to list of all other methods of denervation which are considered investigational. Reference 45 added.
12/01/18	Annual Review, approved November 21, 2018. Policy updated with literature review; no references added. Policy statements unchanged.
02/01/19	Annual Review, approved January 4, 2019. Policy updated with literature review through September 2018; no references added. Policy statements unchanged.
08/01/19	Interim Review, approved July 9, 2019. Reference added. Added endoscopic radiofrequency ablation/rhizotomy to the list of denervation methods considered investigational for the treatment of facet joint related pain. Added CPT code 64999.
02/01/20	Annual Review, approved January 9, 2020. Policy updated with literature review through September 2019; no references added. Policy statements unchanged.
04/01/20	Delete policy, approved March 10, 2020. This policy will be deleted effective July 2, 2020, and replaced with InterQual criteria for dates of service on or after July 2, 2020.



Date	Comments
06/10/20	Interim Review, approved June 9, 2020, effective June 10, 2020. This policy is reinstated immediately and will no longer be deleted or replaced with InterQual criteria on July 2, 2020.

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.



**Discrimination is Against the Law**

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals  
PO Box 91102, Seattle, WA 98111  
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357  
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services  
200 Independence Avenue SW, Room 509F, HHH Building  
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Getting Help in Other Languages**

**This Notice has Important Information.** This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

**አማርኛ (Amharic):**

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናት ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለመጠበቅና በአስፈላጊ እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰብሰብ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

**العربية (Arabic):**

يحتوي هذا الإشعار على معلومات هامة. قد يحتوي هذا الإشعار على معلومات مهمة بخصوص طلبك أو التغطية التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

**中文 (Chinese):**

**本通知有重要的訊息。**本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

**Oromoo (Cushite):**

**Beeksisni kun odeeffannoo barbaachisaa qaba.** Beeksisni kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

**Français (French):**

**Cet avis a d'importantes informations.** Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

**Kreyòl ayisyen (Creole):**

**Avi sila a gen Enfòmasyon Enpòtan ladann.** Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

**Deutsche (German):**

**Diese Benachrichtigung enthält wichtige Informationen.** Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

**Hmoob (Hmong):**

**Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb.** Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnuv ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyuog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

**Iloko (Ilocano):**

**Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion.** Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenna coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyto wenna tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

**Italiano (Italian):**

**Questo avviso contiene informazioni importanti.** Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).



**日本語 (Japanese):**

この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

**한국어 (Korean):**

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

**ລາວ (Lao):**

ແຈງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວີ້ ຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

**ភាសាខ្មែរ (Khmer):**

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការច្នៃផ្ទះធានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក ឬប្រាក់ដុល្លារចេញផ្លូវ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងដុល្លារនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

**ਪੰਜਾਬੀ (Punjabi):**

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਜਦ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਕੱਠ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

**فارسی (Farsi):**

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کلیران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

**Polskie (Polish):**

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

**Português (Portuguese):**

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

**Română (Romanian):**

Prezenta notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența provizorie la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

**Русский (Russian):**

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

**Fa'asamoa (Samoan):**

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

**Español (Spanish):**

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

**Tagalog (Tagalog):**

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

**ไทย (Thai):**

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

**Український (Ukrainian):**

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

**Tiếng Việt (Vietnamese):**

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).