Radiofrequency ablation

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: *64640

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2018 American Medical Association. All rights reserved.

See below for the questions you'll encounter in the e-referral system.

**Is the request for radiofrequency ablation of peripheral nerves to treat the patient’s pain (including but not limited to plantar fasciitis, occipital neuralgia, cervicogenic headache and osteoarthritis)?**

Possible answers: □ Yes □ No

**Is the request for Coolief Cooled radiofrequency ablation to treat the patient’s pain?**

Possible answers: □ Yes □ No
Is the request for a genicular nerve block to treat the patient’s chronic knee pain?

Possible answers: □ Yes □ No