

Medical Coverage Policy | Pulsed Radiofrequency for the Treatment of Chronic Pain



EFFECTIVE DATE: 02|19|2008
POLICY LAST UPDATED: 01|17|2017

OVERVIEW

Pulsed radiofrequency (RF) is a method of denervation to treat neck or back pain originating in facet joints with degenerative changes. The goal of facet denervation is long-term pain relief. However, the nerves regenerate, and repeat procedures may be required.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Pulsed radiofrequency denervation for the treatment of chronic spinal/back pain is considered not medically necessary because there is insufficient evidence in the published medical literature to demonstrate its safety and efficacy.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

BACKGROUND

Pulsed RF consists of short bursts of electrical current of high voltage in the RF range but without heating the tissue enough to cause coagulation. It is suggested as a possibly 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.

Pulsed radiofrequency does not appear to be as effective as non-pulsed radiofrequency denervation, and there is insufficient evidence to evaluate the efficacy of other methods of denervation for facet joint pain. The evidence is insufficient to determine the effects of the technology on health outcomes. Therefore, these techniques are considered not medically necessary.

CODING

BlueCHiP for Medicare and Commercial Products

At this time there are no specific CPT codes to describe pulsed radiofrequency. Providers should file using the unlisted code below:

64999

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, March 2017
Provider Update, March 2016
Provider Update, July 2015
Provider Update, June 2014
Provider Update, June 2013
Provider Update, May 2012
Provider Update, May 2011

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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
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