

# Medical Coverage Policy



## Pulsed Radiofrequency for the Treatment of Chronic Pain

Device/Equipment  Drug  Medical  Surgery  Test  Other

Effective Date:	2/19/2008	Policy Last Updated:	2/21/2011
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### Description:

Used in the treatment of chronic spinal pain, pulsed radiofrequency is a nondestructive alternative to standard radiofrequency neurolysis. It is not considered a true radiofrequency therapy as it does not destroy or damage nerves. The procedure requires percutaneous advancement of a radiofrequency electrode to a specified site under imaging guidance. Next, radiofrequency energy is applied to the targeted pain-producing area with a pulsed time cycle that delivers short bursts of radiofrequency current instead of continuous radiofrequency flow. By pulsing the electrical current, the needle remains relatively cool (up to 42 degrees Celsius compared to temperatures of 60-90 degrees Celsius with continuous radiofrequency). The tissue cools slightly between each burst, reducing the risk of destroying nearby tissue and preventing any long-term damage to the nerve. It is claimed that this disrupts the transmission of impulses across small unmyelinated fibers without destroying them while larger fibers remain protected by the myelin sheath.

At this time only limited studies have been performed. Although there is a trend toward more positive outcomes in quality of life scores, findings must be confirmed in larger studies before the efficacy of this treatment may be established.

### Medical Criteria:

Not applicable.

### Policy:

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

### Coverage:

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

### Coding:

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

**64999**

### Also known as:

Cold radiofrequency

**Related to:**

Not applicable

**Published:**

*Provider Update*, June 2008

*Provider Update*, July 2009

*Provider Update*, May 2010

*Provider Update*, May 2011

*Provider Update*, May 2012

**References:**

Boswell MV, Trescot AM, Datta S, et al. Interventional Techniques: Evidence-based Practice Guidelines in the Management of Chronic Spinal Pain. *Pain Physician Journal*;2007;10:7-111.

Doctor's Guide on Pain: Article: Not Enough Evidence for Pulse Radiofrequency Therapy in Chronic Spine Pain: Presented at AAPM. Retrieved on 1/1/08 and 2/15/10 from:

<http://www.docguide.com/news/content.nsf/NewsPrint/852571020057CCF685257123007158E7>.

Geurts JW, van Wijk RM, Stolker RJ, Groen GJ. Efficacy of radiofrequency procedures for the treatment of spinal pain: a systematic review of randomized clinical trials. *Regional Anesthesia and Pain Medicine*. 2001Sep-Oct;26(5):394-400.

Hansen HC, McKenzie-Brown AM, Cohen SP, Swicegood JR, Colson JD, and Manchikanti L. Sacroiliac Joint Interventions: A Systematic Review. *Pain Physician Journal*;2007;10:165-184.

Manchikanti L, Heavner JE, Racz GB, et al. Methods For Evidence Synthesis in Interventional Pain Management. *Pain Physician Journal*;2003;6:89-111.

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