Introduction

Radiofrequency ablation is a way of destroying part of nerves to treat pain. An electrical current is produced by radio waves. The current is applied to a small area of nerve tissue, thus destroying (ablating) part of the nerve and interrupting pain signals. Pulsed radiofrequency is similar to radiofrequency ablation in that it is still being studied. Instead of a constant current being applied, pulsed radiofrequency calls for short bursts of energy. These intermittent bursts of energy allow more electrical current to be applied while keeping temperatures below the range that would ablate the nerve. Pulsed radiofrequency is investigational (unproven) to treat pain. More, larger, and longer studies are needed to see if this technique is safe and effective.

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.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Investigational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulsed radiofrequency</td>
<td>Pulsed radiofrequency for the treatment of various chronic pain syndromes is considered investigational, including but not limited to the following:</td>
</tr>
<tr>
<td></td>
<td>- Chronic facial and head pain (persistent idiopathic facial pain (PIFP)/spheno-palatine ganglion)</td>
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<tr>
<td></td>
<td>- Coccydynia</td>
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<td></td>
<td>- Complex regional pain syndrome (reflex sympathetic dystrophy)</td>
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<td></td>
<td>- Diabetic peripheral neuropathy</td>
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<td></td>
<td>- Discogenic pain</td>
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<tr>
<td></td>
<td>- Facet joint pain (cervical, lumbar, thoracic, sacro-iliac)/zygapophyseal joint pain</td>
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<td></td>
<td>- Headaches (eg, cervicogenic, migraines, cluster, tension)</td>
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<tr>
<td></td>
<td>- Inguinal neuralgia</td>
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<td></td>
<td>- Intercostal neuralgia (post-surgical thoracic pain)</td>
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<td></td>
<td>- Low back pain</td>
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<td></td>
<td>- Lumbo-sacral radicular pain (eg, dorsal root ganglion)</td>
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<td></td>
<td>- Meralgia paresthetica (burning pain in the outer thigh related to lateral femoral cutaneous nerve entrapment)</td>
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<td></td>
<td>- Metacarpal or metatarsal joint pain of the hands and feet</td>
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<tr>
<td></td>
<td>- Morton’s neuroma</td>
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<td></td>
<td>- Myofascial pain syndrome</td>
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<td></td>
<td>- Neck pain</td>
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<td></td>
<td>- Occipital neuralgia</td>
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<td></td>
<td>- Orchialgia (testicular pain/spermatic cord)</td>
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<td></td>
<td>- Osteoarthritis of the knee or hip</td>
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<td></td>
<td>- Pelvic pain (eg, superior hypogastric plexus treatment for interstitial cystitis)</td>
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<tr>
<td></td>
<td>- Peripheral neuromas</td>
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<tr>
<td></td>
<td>- Piriformis syndrome (buttock pain and/or pain in the back of the lower extremity related to sciatic nerve irritation)</td>
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<td></td>
<td>- Plantar fasciitis</td>
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<td></td>
<td>- Post herpetic neuralgia (ophthalmic neuralgia)</td>
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<td></td>
<td>- Pudendal neuralgia</td>
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<td></td>
<td>- Shoulder pain (suprascapular nerve)</td>
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<td></td>
<td>- Tarsal tunnel syndrome (compression neuropathy from entrapment of the posterior tibial nerve)</td>
</tr>
</tbody>
</table>
Procedure | Investigational
---|---
| • Trigeminal neuralgia
• Vulvodynia

### Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>CPT</td>
<td>Unlisted procedure, nervous system</td>
</tr>
</tbody>
</table>

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### Related Information

N/A

### Evidence Review

**Description**

Pulsed radiofrequency (PRF) is a non- or minimally neurodestructive technique, where short bursts of radiofrequency energy are applied to nervous tissue to treat various chronic pain syndromes. It is seen as an alternative to continuous (non-pulsed) radiofrequency ablation, as it is theorized to have significantly less complications or side effects. Its exact mechanism of action is unclear.
Background

Pulsed radiofrequency was first used in 1996 as a less destructive alternative to continuous (non-pulsed) radiofrequency. Pulsed radiofrequency is delivered in short bursts, twice per second, followed by a quiet phase in which no current is applied. This allows for cooling of the electrode keeping it below the neurodestructive threshold of 45º C. Pulsing the radiofrequency current allows the power output of the generator to be greatly increased, allowing for far stronger electrical fields than in continuous radiofrequency. For example, the voltage output is usually 15-25 volts for the continuous mode radiofrequency. The pulsed radiofrequency output is 45 volts. As a result, higher voltages can be applied in pulsed radiofrequency. Because the average temperature near the pulsed radiofrequency electrode does not reach the neurodestructive range, the risk of destroying nearby tissue is reduced.

Pulsed radiofrequency has been used in the treatment of peripheral neuropathies, arthrogenic pain, painful trigger points, radiculopathy, and many other chronic pain syndromes. Unlike the known side effects of continuous radiofrequency such as, neuritis-like reactions, motor deficits, and the risk of deafferentation pain syndrome, pulsed radiofrequency seems to have few side effects and is seen as relatively safe. However, even though there is much anecdotal evidence which favors the use of pulsed radiofrequency for the use of pain relief without nervous tissue damage, especially in the treatment of neuropathic pain, there is a lack of randomized controlled trials (RCTs) substantiating its efficacy. The evidence is insufficient to determine the effects of the technology on health outcomes.

Summary of Evidence

For individuals with various chronic pain syndromes, especially neuropathic pain who received pulsed radiofrequency, the evidence includes a small number of RCTs, non-randomized controlled trials, prospective uncontrolled trials, retrospective studies, case series, and case reports. The majority of the uncontrolled and observational studies reported clinical efficacy of pulsed radiofrequency, however many of these studies had limitations. The controlled clinical data is limited and with inconsistent findings. Further research in the clinical and biological effects of pulsed radiofrequency is needed including well-designed, randomized controlled clinical trials with a large sample size and long-term follow-up to determine the therapeutic effect and safety of this treatment modality. There is also a lack of data comparing pulsed radiofrequency with conventional treatments. As such, it is unknown if pulsed radiofrequency offers any treatment advantage over other conventional treatments. The evidence is insufficient to determine the effects of the technology on health outcomes.
Ongoing and Unpublished Clinical Trials

Some currently unpublished trials that might influence this review are listed in Table 1.

Table 1. Summary of Key Clinical Trials

<table>
<thead>
<tr>
<th>NCT No.</th>
<th>Trial Name</th>
<th>Planned Enrollment</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT03567590</td>
<td>The Efficacy and Safety of Sphenopalatine Ganglion Pulsed Radiofrequency Treatment for Cluster Headache</td>
<td>80</td>
<td>May 2021 recruiting</td>
</tr>
<tr>
<td>NCT02915120</td>
<td>Ultrasound-Guided Pulsed Radiofrequency in the Treatment of Patients with Osteoarthritis Knee</td>
<td>142</td>
<td>Dec 2018 recruiting</td>
</tr>
<tr>
<td>NCT03228316</td>
<td>Superior Hypogastric Plexus Block Versus Pulsed Radiofrequency for Chronic Pelvic Cancer Pain</td>
<td>40</td>
<td>Not yet recruiting, Estimated start date Oct 2018</td>
</tr>
</tbody>
</table>

NCT: national clinical trial

Practice Guidelines and Position Statements

American Society of Interventional Pain Physicians

The American Society of Interventional Pain Physicians (ASIPP) published an updated guideline on interventional techniques in the management of chronic spinal pain Part II guidance and recommendation which states the following:

- Lumbar spine
  - The evidence for therapeutic facet joint interventions is good for conventional radiofrequency, limited for pulsed radiofrequency, fair to good for lumbar facet joint nerve blocks, and limited for intraarticular injections
  - For sacroiliac interventions, the evidence for cooled radiofrequency neurotomy is fair; limited for intraarticular injections and periarticular injections; and limited for both pulsed radiofrequency and conventional radiofrequency neurotomy
• Cervical Spine
  o Evidence for therapeutic facet joint intervention is fair for conventional cervical radiofrequency neurotomy

• Thoracic Spine
  o Evidence is limited for radiofrequency neurotomy

**Medicare National Coverage**

There is no national coverage determination (NCD). In the absence of an NCD, coverage decisions are left to the discretion of local Medicare carriers.

**Regulatory Status**

A number of radiofrequency generators and probes have been cleared for marketing through the U.S. Food and Drug Administration (FDA) 510(k) process.

**References**


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**History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/01/18</td>
<td>New policy, approved August 14, 2018, effective December 6, 2018. Add to Surgery section. Policy created with a literature review through July 2018. Pulsed radiofrequency for the treatment of various chronic pain syndromes is considered investigational.</td>
</tr>
</tbody>
</table>
**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). ©2018 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 S09F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at

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).

Oromo (Odhig):

Frensis (Frensis):

Kreyol (Haitien):
Avi sila a gen Enfòmasyon Empòtan laadann. Avi sila a kapab genyen enfòmasyon enfòmasyon konpasen a aplikasyon w nan oswa konpasen kouvèti a isirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpetan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka tenbe kouvèti isirans sante w la oswa pou yo ka ede w akid depans yo. Se dia w pou resevwa enfòmasyon sa a ak asistans nan lang ou pale a, sa ou pa gen pou pèye pou sa. Rate nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Hmong (Hmong):
Tsaab ntwaw tshaj xo no muaj cov ntsiab lus tseem ceeb. Tej zaum tsab ntwaw tshaj xo no muaj cov ntsiab lus tseem ceeb tsoj kaj daim ntwaw thov kev pab los yoj koy qhov kev pab cuam los ntsaw Premera Blue Cross. Tej zaum muaj cov hnb tseem ceeb cuam los rau hauv daim ntwaw no. Tej zaum koy kuj yuav tut uu qey yam uu peb kom koy uu tis pub dhaav cov caj nyong uas teev tsev rau hauv daim ntwaw no mas kaj thaj yuav tus baai kev pab cuam kho mob los yoj kev pab cuam tej nqji kho mob ntwaw. Kaj muaj cai kom laww muab cov ntsiab lus no uas tau muab sau uu koy hom lus pub daww jor koi. Hru rau 800-722-1471 (TTY: 800-842-5357).

Ilokano (Ilocano):
Daytoy a Pakdaar ket nagloan iti Napateg nga Impomarsa. Daytoy a pakdaa marabil nga adda ket nagloan iti napateg nga impomarsa maipanggep iti aplikasyono woyen coverage babaen iti Premera Blue Cross. Daytoy ket marabil dagiti importante a pelsa iti daytoy a pakdaar. Marabil nga adda rumbeng nga aramidengy nga addang sakaay dagiti partikular a naituding nga aldaw tapno mapagtalaineyo iti coverage ti salan-ayto woyen tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impomarsa ken tulong iti bukodyo a pasagaso nga awan ti bayadanyo. Tumawag ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):
Premera Blue Cross, a self-funded health plan, may provide key dates that might affect your eligibility for coverage or claims. Please review your plan documents or contact Premera Blue Cross for details.

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 durante determinados prazos para manter sua cobertura de saúde ou ajudar de custos. Você tem o direito de obter esta informação a es unidade e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357) para obter assistência.

Română (Romanian):

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 страховочного 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).

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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. Líame al 800-722-1471 (TTY: 800-842-5357).

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Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang peta pata sa paunawa. Maaaring mangalainan ka na magsagawa ng habang sa ilang mga itanong panahon upang mapanatili ang iyong pagsakop sa kalsugan o tulog na walang gastos. May karapatan ka na maakala ng kanyang impormasyon at tulog sa iyong wika ng walang gastos. Turnaw sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):
การประกาศนี้มีสาระสำคัญ ประกาศนี้มีสาระสำคัญเกี่ยวกับการขอรับการประกันสุขภาพของคุณผ่าน Premera Blue Cross และที่มีการประกาศในภาษาต่างๆ คุณอาจต้องดูสาระสำคัญในการประกาศนี้เพื่อรักษาการประกันสุขภาพของคุณหรือสิ่งที่มีไว้ช่วยคุณมีความรู้และเฝ้าระวังข้อตกลงในการประกันสุขภาพได้ โปรดติดต่อ โทร 800-722-1471 (TTY: 800-842-5357)

Polski (Polish):

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 durante determinados prazos para manter sua cobertura de saúde ou ajudar de custos. Você tem o direito de obter esta informação a es umidade e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357) para obter assistência.