EFFECTIVE DATE: 02|19|2018
POLICY LAST REVIEWED: 12|17|2025

OVERVIEW

Pulsed radiofrequency (RF) facet denervation is used to treat neck and 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.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans

Pulsed radiofrequency denervation for the treatment of chronic spinal/back pain is not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products

Pulsed radiofrequency denervation for the treatment of chronic spinal/back pain is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

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

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. RF 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 range 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 conventional radiofrequency denervation, and there is insufficient evidence to evaluate the efficacy of other methods of denervation (eg, alcohol, laser, cryodenervation) 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

Medicare Advantage Plans and Commercial Products

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

64999 Unlisted procedure, nervous system

RELATED POLICIES

Lysis of Epidural Adhesions
Navigated Transcranial Magnetic Stimulation
Nerve Graft with Radical Prostatectomy
Occipital Nerve Stimulation – Insertion
Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy
Peripheral Subcutaneous Field Stimulation
Sphenopalatine Ganglion Block for Headache
Unlisted Procedures

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Provider Update, March 2022
Provider Update, March 2021

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