



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA  
SECTION: SURGERY

ORIGINAL EFFECTIVE DATE: 09/19/22  
LAST REVIEW DATE: 11/05/24  
CURRENT EFFECTIVE DATE: 11/05/24  
LAST CRITERIA REVISION DATE: 11/07/23  
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 4TH QTR 2025

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## ABLATION OF PERIPHERAL NERVES TO TREAT PAIN

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Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

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## **ABLATION OF PERIPHERAL NERVES TO TREAT PAIN**

### **Description:**

Radiofrequency ablation (RFA) and cryoneurolysis of nerves have been proposed as treatments for several different types of pain. RFA has been used to treat a number of clinical pain syndromes such as trigeminal neuralgia as well as cervical and lumbar pain. This review evaluates the application of RFA and cryoneurolysis in peripheral sites distant from the spine.

### **Nerve Radiofrequency Ablation**

Nerve radiofrequency ablation (RFA) is a minimally invasive method that involves the use of heat and coagulation necrosis to destroy tissue. A needle electrode is inserted through the skin and into the tissue to be ablated. A high-frequency electrical current is applied to the target tissue and a small sphere of tissue is coagulated around the needle by the heat generated. It is theorized that the thermal lesioning of the nerve destroys peripheral sensory nerve endings, resulting in the alleviation of pain. Cooled RFA is a variation of nerve RFA using a water-cooled probe that applies more energy at the desired location without excessive heat diffusing beyond the area, causing less tissue damage away from the nerve (see Table 1). The goal of ablating the nerve is the same.

RFA is also distinguished from pulsed radiofrequency (RF) treatment, which has been investigated for different types of pain. The mechanism of action of pulsed RF treatment is uncertain but it is thought not to destroy the nerve. It does produce some degree of nerve destruction but is thought to cause less damage than standard RFA. Some studies refer to pulsed RF treatment as ablation.

For the indications assessed in this evidence review, nerve RFA should be distinguished from RF energy applied to areas other than the nerve to cause tissue damage. Some individuals have been treated for plantar fasciitis with a fasciotomy procedure using an RF device. This procedure does not ablate a specific nerve.

**Table 1. Types of Radiofrequency Ablation**

<b>Type</b>	<b>Procedure</b>	<b>Tissue Temperature</b>	<b>Key Differences</b>
Standard RFA	Electrode tip provides thermal energy for 90 – 130 seconds	70 – 90° C	Longer term pain relief but with more adjacent thermal tissue injury and limitation in size and shape of lesion.
Pulsed RFA	Non-ablative - provides 20 ms pulses every 30 seconds	42° C	Limits tissue damage but results in shorter duration of pain relief.
Cooled RFA	Water circulates through RF electrode to cool the tip	60° C	Larger lesion with limited thermal injury to tissue. Longer term pain relief.

Adapted from Oladeji et al (2019)



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### Cryoneurolysis

Cryoneurolysis is being investigated to alleviate pain. Temperatures of -20° to -100°C applied to a nerve cause Wallerian (anterograde axonal) degeneration, with disruption of nerve structure and conduction but maintenance of the perineural and epineural elements of the nerve bundle. Wallerian degeneration allows complete regeneration and recovery of nerve function in about 3 to 5 months. The iovera° cryoablation system is a portable handheld device that applies percutaneous and targeted delivery of cold to superficial peripheral nerves.

Radiofrequency and cryoneurolysis devices that have been cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process include:

- Apex 6 Radiofrequency Lesion Generator
- COOLIEF® Cooled Radiofrequency Kit
- COOLIEF® Cooled RF Probe
- Intracept Intraosseous Nerve Ablation System
- iovera°
- NeuroTherm® NT 2000
- Rulo™ Radiofrequency Lesion Probe
- SInergy®/Bayless Pain Management Probe

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### Criteria:

- Radiofrequency ablation of peripheral nerves to treat pain associated with knee osteoarthritis or plantar fasciitis is considered **experimental or investigational** when any **ONE** or more of the following criteria are met:
  1. Lack of final approval from the appropriate governmental regulatory bodies (e.g., Food and Drug Administration); or
  2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes; or
  3. Insufficient evidence to support improvement of the net health outcome; or
  4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives; or
  5. Insufficient evidence to support improvement outside the investigational setting.



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## **ABLATION OF PERIPHERAL NERVES TO TREAT PAIN**

- Cryoneurolysis of peripheral nerves to treat pain associated with knee osteoarthritis or total knee arthroplasty is considered **experimental or investigational** when any **ONE** or more of the following criteria are met:
  1. Lack of final approval from the appropriate governmental regulatory bodies (e.g., Food and Drug Administration); or
  2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes; or
  3. Insufficient evidence to support improvement of the net health outcome; or
  4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives; or
  5. Insufficient evidence to support improvement outside the investigational setting.
  
- Radiofrequency ablation or cryoneurolysis of peripheral nerves to treat pain associated with occipital neuralgia or cervicogenic headache is considered **experimental or investigational** when any **ONE** or more of the following criteria are met:
  1. Lack of final approval from the appropriate governmental regulatory bodies (e.g., Food and Drug Administration); or
  2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes; or
  3. Insufficient evidence to support improvement of the net health outcome; or
  4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives; or
  5. Insufficient evidence to support improvement outside the investigational setting.
  
- Ablation of peripheral nerves for all indications to treat pain, with the exception of facet joint pain, is considered **experimental or investigational** when any **ONE** or more of the following criteria are met:
  1. Lack of final approval from the appropriate governmental regulatory bodies (e.g., Food and Drug Administration); or
  2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes; or
  3. Insufficient evidence to support improvement of the net health outcome; or
  4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives; or
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## **ABLATION OF PERIPHERAL NERVES TO TREAT PAIN**

### **Resources:**

**Literature reviewed 11/05/24. We do not include marketing materials, poster boards and non-published literature in our review.**

**Resources prior to 11/07/23 may be requested from the BCBSAZ Medical Policy and Technology Research Department.**

1. American Academy of Orthopaedic Surgeons. Management of Osteoarthritis of the Knee (Non-Arthroplasty) Evidence-Based Clinical Practice Guideline. August 31, 2021. Accessed August 30, 2023.
2. Chen AF, Khalouf F, Zora K, et al. Cooled radiofrequency ablation provides extended clinical utility in the management of knee osteoarthritis: 12-month results from a prospective, multi-center, randomized, cross-over trial comparing cooled radiofrequency ablation to a single hyaluronic acid injection. *BMC Musculoskelet Disord*. Jun 9 2020;21(1):363. doi:10.1186/s12891-020-03380-5
3. Chen AF, Mullen K, Casambre F, Visvabharathy V, Brown GA. Thermal Nerve Radiofrequency Ablation for the Nonsurgical Treatment of Knee Osteoarthritis: A Systematic Literature Review. *J Am Acad Orthop Surg*. May 1 2021;29(9):387-396. doi:10.5435/jaaos-d-20-00522
4. Choi WJ, Hwang SJ, Song JG, et al. Radiofrequency treatment relieves chronic knee osteoarthritis pain: a double-blind randomized controlled trial. *Pain*. Mar 2011;152(3):481-487. doi:10.1016/j.pain.2010.09.029
5. Chua NH, Vissers KC, Sluijter ME. Pulsed radiofrequency treatment in interventional pain management: mechanisms and potential indications-a review. *Acta Neurochir (Wien)*. Apr 2011;153(4):763-71. doi:10.1007/s00701-010-0881-5
6. Cozzarelli J, Sollitto RJ, Thapar J, Caponigro J. A 12-year long-term retrospective analysis of the use of radiofrequency nerve ablation for the treatment of neurogenic heel pain. *Foot Ankle Spec*. Dec 2010;3(6):338-46. doi:10.1177/1938640010379048
7. Davis T, Loudermilk E, DePalma M, et al. Prospective, Multicenter, Randomized, Crossover Clinical Trial Comparing the Safety and Effectiveness of Cooled Radiofrequency Ablation With Corticosteroid Injection in the Management of Knee Pain From Osteoarthritis. *Reg Anesth Pain Med*. Jan 2018;43(1):84-91. doi:10.1097/aap.0000000000000690
8. Davis T, Loudermilk E, DePalma M, et al. Twelve-month analgesia and rescue, by cooled radiofrequency ablation treatment of osteoarthritic knee pain: results from a prospective, multicenter, randomized, cross-over trial. *Reg Anesth Pain Med*. Feb 16 2019;doi:10.1136/rapm-2018-100051

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9. Ducic I, Felder JM, 3rd, Fantus SA. A systematic review of peripheral nerve interventional treatments for chronic headaches. *Ann Plast Surg.* Apr 2014;72(4):439-45. doi:10.1097/sap.0000000000000063
10. El-Hakeim EH, Elawamy A, Kamel EZ, et al. Fluoroscopic Guided Radiofrequency of Genicular Nerves for Pain Alleviation in Chronic Knee Osteoarthritis: A Single-Blind Randomized Controlled Trial. *Pain Physician.* Mar 2018;21(2):169-177.
11. Elawamy A, Kamel EZ, Mahran SA, Abdellatif H, Hassanien M. Efficacy of Genicular Nerve Radiofrequency Ablation Versus Intra-Articular Platelet Rich Plasma in Chronic Knee Osteoarthritis: A Single-Blind Randomized Clinical Trial. *Pain Physician.* Mar 2021;24(2):127-134.
12. Gabriel RA, Ilfeld BM. Novel Methodologies in Regional Anesthesia for Knee Arthroplasty. *Anesthesiol Clin.* Sep 2018;36(3):387-401. doi:10.1016/j.anclin.2018.05.002
13. Grandhi RK, Kaye AD, Abd-Elsayed A. Systematic Review of Radiofrequency Ablation and Pulsed Radiofrequency for Management of Cervicogenic Headaches. *Curr Pain Headache Rep.* Feb 23 2018;22(3):18. doi:10.1007/s11916-018-0673-9
14. Guimarães JS, Arcanjo FL, Leporace G, et al. Effects of therapeutic interventions on pain due to plantar fasciitis: A systematic review and meta-analysis. *Clin Rehabil.* Jun 2023;37(6):727-746. doi:10.1177/02692155221143865
15. Hunter C, Davis T, Loudermilk E, Kapural L, DePalma M. Cooled Radiofrequency Ablation Treatment of the Genicular Nerves in the Treatment of Osteoarthritic Knee Pain: 18- and 24-Month Results. *Pain Pract.* Mar 2020;20(3):238-246. doi:10.1111/papr.12844
16. Jamison DE, Cohen SP. Radiofrequency techniques to treat chronic knee pain: a comprehensive review of anatomy, effectiveness, treatment parameters, and patient selection. *J Pain Res.* 2018;11:1879-1888. doi:10.2147/jpr.S144633
17. Kapural L, Minerali A, Sanders M, Matea M, Dua S. Cooled Radiofrequency Ablation Provides Prolonged Pain Relief Compared to Traditional Radiofrequency Ablation: A Real-World, Large Retrospective Clinical Comparison from a Single Practice. *J Pain Res.* 2022;15:2577-2586. doi:10.2147/jpr.S373877
18. Kolasinski SL, Neogi T, Hochberg MC, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee. *Arthritis Rheumatol.* Feb 2020;72(2):220-233. doi:10.1002/art.41142
19. Kurtoglu A, Kochai A, Inanmaz ME, et al. Effectiveness of radiofrequency ablation for treatment of plantar fasciitis. *Medicine (Baltimore).* Mar 25 2022;101(12):e29142. doi:10.1097/md.00000000000029142

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20. Kvarstein G, Högström H, Allen SM, Rosland JH. Cryoneurolysis for cervicogenic headache - a double blinded randomized controlled study. *Scand J Pain*. Dec 18 2019;20(1):39-50. doi:10.1515/sjpain-2019-0086
21. Landsman AS, Catanese DJ, Wiener SN, Richie DH, Jr., Hanft JR. A prospective, randomized, double-blinded study with crossover to determine the efficacy of radio-frequency nerve ablation for the treatment of heel pain. *J Am Podiatr Med Assoc*. Jan-Feb 2013;103(1):8-15. doi:10.7547/1030008
22. Lee DW, Pritzlaff S, Jung MJ, et al. Latest Evidence-Based Application for Radiofrequency Neurotomy (LEARN): Best Practice Guidelines from the American Society of Pain and Neuroscience (ASPEN). *J Pain Res*. 2021;14:2807-2831. doi:10.2147/jpr.S325665
23. Liu J, Wang T, Zhu ZH. Efficacy and safety of radiofrequency treatment for improving knee pain and function in knee osteoarthritis: a meta-analysis of randomized controlled trials. *J Orthop Surg Res*. Jan 15 2022;17(1):21. doi:10.1186/s13018-021-02906-4
24. Lung BE, Karasavvidis T, Sharma AK, et al. Cryoneurolysis Is a Safe, Effective Modality to Improve Rehabilitation after Total Knee Arthroplasty. *Life (Basel)*. Aug 29 2022;12(9)doi:10.3390/life12091344
25. Lyman J, Khalouf F, Zora K, et al. Cooled radiofrequency ablation of genicular nerves provides 24-Month durability in the management of osteoarthritic knee pain: Outcomes from a prospective, multicenter, randomized trial. *Pain Pract*. Jul 2022;22(6):571-581. doi:10.1111/papr.13139
26. Ma Y, Chen YS, Liu B, Sima L. Ultrasound-Guided Radiofrequency Ablation for Chronic Osteoarthritis Knee Pain in the Elderly: A Randomized Controlled Trial. *Pain Physician*. Mar 2024;27(3):121-128.
27. Malaithong W, Tontisirin N, Seangrung R, Wongsak S, Cohen SP. Bipolar radiofrequency ablation of the superomedial (SM), superolateral (SL) and inferomedial (IM) genicular nerves for chronic osteoarthritis knee pain: a randomized double-blind placebo-controlled trial with 12-month follow-up. *Reg Anesth Pain Med*. Dec 21 2022;48(4):151-60. doi:10.1136/rapm-2022-103976
28. McCormick ZL, Patel J, Conger A, Smith CC. The Safety of Genicular Nerve Radiofrequency Ablation. *Pain Med*. Feb 23 2021;22(2):518-519. doi:10.1093/pm/pnaa355
29. McCormick ZL, Reddy R, Korn M, et al. A Prospective Randomized Trial of Prognostic Genicular Nerve Blocks to Determine the Predictive Value for the Outcome of Cooled Radiofrequency Ablation for Chronic Knee Pain Due to Osteoarthritis. *Pain Med*. Aug 1 2018;19(8):1628-1638. doi:10.1093/pm/pnx286
30. Michael JW, Schlüter-Brust KU, Eysel P. The epidemiology, etiology, diagnosis, and treatment of osteoarthritis of the knee. *Dtsch Arztebl Int*. Mar 2010;107(9):152-62. doi:10.3238/arztebl.2010.0152

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31. Mihalko WM, Kerkhof AL, Ford MC, Crockarell JR, Jr., Harkess JW, Guyton JL. Cryoneurolysis before Total Knee Arthroplasty in Patients With Severe Osteoarthritis for Reduction of Postoperative Pain and Opioid Use in a Single-Center Randomized Controlled Trial. *J Arthroplasty*. May 2021;36(5):1590-1598. doi:10.1016/j.arth.2020.11.013
32. Mont MA, Lin JH, Spitzer AI, et al. Cryoneurolysis Associated With Improved Pain, Function, and Sleep in Patients Following total Knee Arthroplasty: Use of a New Real-World Registry. *J Arthroplasty*. Jun 26 2024;doi:10.1016/j.arth.2024.06.054
33. Oladeji LO, Cook JL. Cooled Radio Frequency Ablation for the Treatment of Osteoarthritis-Related Knee Pain: Evidence, Indications, and Outcomes. *J Knee Surg*. Jan 2019;32(1):65-71. doi:10.1055/s-0038-1675418
34. Radnovich R, Scott D, Patel AT, et al. Cryoneurolysis to treat the pain and symptoms of knee osteoarthritis: a multicenter, randomized, double-blind, sham-controlled trial. *Osteoarthritis Cartilage*. Aug 2017;25(8):1247-1256. doi:10.1016/j.joca.2017.03.006
35. Ray D, Goswami S, Dasgupta S, Ray S, Basu S. Intra-Articular hyaluronic acid injection versus RF ablation of genicular nerve for knee osteoarthritis pain: A randomized, open-label, clinical study. *Indian Journal of Pain*. 01/01 2018;32:36. doi:10.4103/ijpn.ijpn\_2\_18
36. Sari S, Aydın ON, Turan Y, Özlülerden P, Efe U, Kurt Ömürlü İ. Which one is more effective for the clinical treatment of chronic pain in knee osteoarthritis: radiofrequency neurotomy of the genicular nerves or intra-articular injection? *Int J Rheum Dis*. Oct 2018;21(10):1772-1778. doi:10.1111/1756-185x.12925
37. Schneider HP, Baca JM, Carpenter BB, Dayton PD, Fleischer AE, Sachs BD. American College of Foot and Ankle Surgeons Clinical Consensus Statement: Diagnosis and Treatment of Adult Acquired Infracalcaneal Heel Pain. *J Foot Ankle Surg*. Mar-Apr 2018;57(2):370-381. doi:10.1053/j.jfas.2017.10.018
38. Shen WS, Xu XQ, Zhai NN, Zhou ZS, Shao J, Yu YH. Radiofrequency Thermocoagulation in Relieving Refractory Pain of Knee Osteoarthritis. *Am J Ther*. Nov/Dec 2017;24(6):e693-e700. doi:10.1097/mjt.0000000000000393
39. Wu BP, Grits D, Foorsov V, Xu J, Tankha P, Bolash RB. Cooled and traditional thermal radiofrequency ablation of genicular nerves in patients with chronic knee pain: a comparative outcomes analysis. *Reg Anesth Pain Med*. Aug 3 2022;doi:10.1136/rapm-2022-103693
40. Wu L, Li Y, Si H, et al. Radiofrequency Ablation in Cooled Monopolar or Conventional Bipolar Modality Yields More Beneficial Short-Term Clinical Outcomes Versus Other Treatments for Knee Osteoarthritis: A Systematic Review and Network Meta-Analysis of Randomized Controlled Trials. *Arthroscopy*. Jul 2022;38(7):2287-2302. doi:10.1016/j.arthro.2022.01.048



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41. Wu YT, Chang CY, Chou YC, et al. Ultrasound-Guided Pulsed Radiofrequency Stimulation of Posterior Tibial Nerve: A Potential Novel Intervention for Recalcitrant Plantar Fasciitis. *Arch Phys Med Rehabil.* May 2017;98(5):964-970. doi:10.1016/j.apmr.2017.01.016
42. Xiao L, Shu F, Xu C, et al. Highly selective peripheral nerve radio frequency ablation for the treatment of severe knee osteoarthritis. *Exp Ther Med.* Nov 2018;16(5):3973-3977. doi:10.3892/etm.2018.6658

### **Coding:**

CPT: 64624, 64640

### **History:**

<b><u>History:</u></b>	<b><u>Date:</u></b>	<b><u>Activity:</u></b>
Medical Policy Panel	11/05/24	Review with revisions
Medical Policy Panel	11/07/23	Review with revisions
Medical Policy Panel	11/09/22	Review with revisions
Medical Policy Panel	08/30/22	Approved guideline (Effective 9/19/22)

### **Policy Revisions:**

11/05/24	Updated:	Resources section
11/07/23	Added:	“Insufficient evidence to support improvement of the net health outcome; or”, and “Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, or” to experimental or investigational criteria bullets
11/07/23	Revised:	“Insufficient evidence to support improvement outside the investigational setting” from #3 to #5 in experimental or investigational criteria bullets
11/07/23	Updated:	Description section; Resources section
11/09/22	Added:	“Prevalence increases with age, from about 24% among those 60 to 64 years of age to as high as 40% in those 70 to 74 years of age. Knee osteoarthritis is characterized by pain upon initiation of movement or walking. As osteoarthritis progresses, the pain becomes continuous and joint functionality is severely impaired.” to Description section; “Resources prior to 11/09/22 may be requested from the BCBSAZ Medical Policy and Technology Research Department.” to Resources section; Literature to Resources section.
11/09/22	Revised:	Resources section
11/09/22	Removed:	“Among U.S. adults, the most common causes of disability are arthritis and rheumatic disorders.” from Description section; Literature to Resources section.



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### Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ 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: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's 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 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíílkidgo beehaz'ánii hólo díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilinígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.



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EVIDENCE-BASED CRITERIA SECTION: SURGERY

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ABLATION OF PERIPHERAL NERVES TO TREAT PAIN

Multi-Language Interpreter Services:

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue Cross Blue Shield of Arizona، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 [تماس حاصل نمایید.]

Assyrian:

Blue Cross Blue Shield of Arizona... 877-475-4799

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณกำลังช่วยเหลือถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณสมารถที่จะได้รับความช่วยเหลือและข้อมูลในภาษา ของคุณได้โดยไมมีค่าใช้จ่าย โปรดขงถาม โทร 877-475-4799