

MEDICAL POLICY



POLICY TITLE	RADIOFREQUENCY THERMAL LESIONING FOR TREATMENT OF FOOT CONDITIONS.
POLICY NUMBER	MP-2.084

Original Issue Date (Created):	July 26, 2011
Most Recent Review Date (Revised):	September 24, 2013
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I. POLICY

Stereotactic radiofrequency thermal lesioning, or radiofrequency nerve ablation for the treatment of foot conditions is considered **investigational**. There is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

Cross-references

MP-2.034 Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions.

MP-2.018 Foot Care Services

II. PRODUCT VARIATIONS

[N] = No product variation, policy applies as stated

[Y] = Standard product coverage varies from application of this policy, see below

[N] Capital Cares 4 Kids

[N] Indemnity

[N] PPO

[N] SpecialCare

[N] HMO

[N] POS

[N] SeniorBlue HMO

[Y] FEP PPO*

[N] SeniorBlue PPO

* The FEP program dictates that all drugs, devices or biological products approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational. Therefore, FDA-approved drugs, devices or biological products may be assessed on the basis of medical necessity.

III. DESCRIPTION/BACKGROUND

Radiofrequency Thermal Lesioning:

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Plantar fasciitis is a very common ailment characterized by deep pain in the plantar aspect of the heel, particularly on arising from bed. While the pain may subside with activity, in some patients the pain may persist, interrupting activities of daily living. On physical examination, firm pressure will elicit a tender spot over the medial tubercle of the calcaneus. The exact etiology of plantar fasciitis is unclear. The pain associated with plantar fasciitis has been attributed to inflammation in the area where the plantar fascia attaches near the anteromedial tubercle of the calcaneus. Other hypothesis as to the cause of pain may be due to a bony heel spur that fractures, chronic tears in the plantar fascia and nerve intrapment.

Conservative therapy of plantar fasciitis is successful in the vast majority of cases. Rest or minimization of running or jumping is the cornerstone of therapy. Heel cups are sometimes helpful in alleviating symptoms, presumably by padding the heel and absorbing the impact of walking. Nonsteroidal anti-inflammatory drugs are also helpful in acute cases. If the above measures are ineffective, a local injection of steroids may be effective. Improvement is frustratingly slow and gradual, taking up to a year in some cases. For refractory cases, either open or endoscopic plantar fasciotomy may be considered.

Radiofrequency (RF) lesioning has been proposed as another method to treat chronic heel pain and neuromas. This treatment involves a 15 minute procedure performed in a podiatrist's office or surgical suite. Ablation of the nerve is achieved by placing a probe through the skin in the heel in the area of pain. While the patient is under intravenous (IV) sedation, the tip of the probe heats up to 87° Celsius (189° Fahrenheit), and is kept there for 90 seconds. The heat partially damages the nerve and stops pain transmission. The proposed mechanism of action is desensitization of the nerve endings. Patients experience little to no discomfort after the procedure and are immediately ambulatory.

Neurotherm NT 1000 RF Lesioning System received 510(K) FDA approval January 12, 2006 and is indicated for use to create lesions in neural tissue. It is to be used with separately approved lesion/temperature probes such as NeuroTherm radiofrequency probes, Smith & Nephew Spinecath™, Acutherm™ catheters, and Radionics DiskTrode™ radiofrequency probes. Other devices utilized for the procedure may include the PodiaTherm RF Generator and NeuroTherm which is a registered trademark of NeuroTherm Inc.

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IV. DEFINITIONS

NEUROMA is the formal term for any type of tumor comprised of nerve cells. Classification is made with respect to the specific portion of the nerve involved. For example ganglionated neuroma is a neuroma composed of true nerve cells.

V. BENEFIT VARIATIONS

The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member's individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member's benefit information or contact Capital for benefit information.

VI. DISCLAIMER

Capital's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. REFERENCES

Buchbinder R. Plantar fasciitis and other causes of heel and sole pain. In: UpToDate Online Journal [serial online]. Waltham, MA: UpToDate; updated April 18, 2013. [Website] : www.uptodate.com . Accessed June 21, 2013.

Catanese, D, Radio-frequency ablation of peripheral nerves: A non-surgical treatment for chronic heel pain and neuromas. [Website]: <http://www.neurotherm.com/documents/RFNA%20of%20Peripheral%20Nerves%20-%20Dominic%20Catanese,%20DPM.pdf>. Accessed June 21, 2013.

Cione J, Cozzarelli J, Mullin C, A retrospective study of radiofrequency thermal lesioning for the treatment of neuritis of the medial calcaneal nerve and its terminal branches in chronic heel pain. The Journal of Foot & Ankle Surgery 48(2):142-147, 2009

FDA US Food and Drug Administration [Website]: http://www.accessdata.fda.gov/cdrh_docs/pdf5/K052878.pdf.

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Liden B, Simmons M, Landsman, A, A retrospective analysis of 22 patients treated with percutaneous radiofrequency nerve ablation for prolonged moderate to severe heel pain associated with plantar fasciitis. The Journal of Foot and Ankle Surgery, 2009 Article in Press.

Neurotherm [Website]: <http://www.neurotherm.com/podiatry.htm>.

Accessed June 21, 2013.

Taber's Cyclopedic Medical Dictionary 21st edition

VIII. CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

The following codes are investigational, when used for stereotactic radiofrequency thermal lesioning, or radiofrequency nerve ablation for the treatment of foot conditions:

CPT Codes ®							
64640							

IX. POLICY HISTORY

MP-2.084	CAC 7/26/11 New policy. No previous policy statements regarding this treatment. Standard FEP variation in place.
	7/24/13 Admin coding review complete--rsb
	CAC 9/24/13 Consensus. No change to policy statements. References reviewed and updated.

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