



Medical Policy

Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension

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Policy Number: 919

BCBSA Reference Number: 7.01.136 (For Plan internal use only)

Related Policies

Baroreflex Stimulation Devices, #[595](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Radiofrequency ablation of the renal sympathetic nerves for the treatment of uncontrolled hypertension is considered INVESTIGATIONAL.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed inpatient.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed outpatient.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO Blue SM	This is not a covered service.
Medicare PPO Blue SM	This is not a covered service.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific CPT code for this service.

The following HCPCS codes are considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

HCPCS Codes

HCPCS codes:	Code Description
C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components

Diagnosis Codes

Investigational for the diagnoses described in the medical policy statement.

Description

Uncontrolled Hypertension

Hypertension is estimated to affect approximately 30% of the population in the U.S.¹ It accounts for a high burden of morbidity related to stroke, ischemic heart disease, kidney disease, and peripheral arterial disease. An estimated 1 in 4 adults with hypertension have their hypertension under control, but the remaining 77% (93 million) remain uncontrolled.²—Uncontrolled hypertension is diagnosed when an individual's blood pressure remains above targeted levels when a patient either is not using, or unable to use, treatments to control blood pressure or when hypertension persists despite antihypertensive therapies.³ The definition of uncontrolled hypertension is inclusive of resistant hypertension in which blood pressure remains above the targeted range despite the use of 3 or more antihypertensive medications, including a diuretic, with complementary mechanisms of action³. A number of factors may contribute to uncontrolled hypertension including nonadherence to medications, excessive salt intake, inadequate doses of medications, excess alcohol intake, volume overload, drug-induced hypertension, and other forms of secondary hypertension.⁴ Also, sometimes it is necessary to address comorbid conditions (ie, obstructive sleep apnea) to control blood pressure adequately.

Treatment

Radiofrequency Denervation of the Renal Sympathetic Nerves

Increased sympathetic nervous system activity has been linked to essential hypertension. Surgical sympathectomy has been shown to be effective in reducing blood pressure but is limited by the adverse events of surgery and was largely abandoned after effective medications for hypertension became available. The renal sympathetic nerves arise from the thoracic nerve roots and innervate the renal artery, the renal pelvis, and the renal parenchyma. Radiofrequency ablation (RFA) is thought to decrease both the afferent sympathetic signals from the kidney to the brain and the efferent signals from the brain to the kidney. This procedure decreases sympathetic activation, decreases vasoconstriction, and decreases activation of the renin-angiotensin system.⁵

The procedure is performed percutaneously with access at the femoral artery. A flexible catheter is threaded into the renal artery, and a controlled energy source, most commonly low-power RF energy, is delivered to the arterial walls where the renal sympathetic nerves are located. Once adequate RF energy has been delivered to ablate the sympathetic nerves, the catheter is removed.

Summary

Description

Radiofrequency ablation (RFA) of the renal sympathetic nerves is thought to decrease both the afferent sympathetic signals from the kidney to the brain and the efferent signals from the brain to the kidney. This procedure decreases sympathetic activation, decreases vasoconstriction, and decreases activation of the renin-angiotensin system. Radiofrequency ablation of the renal sympathetic nerves may act as a nonpharmacologic treatment for hypertension and has been proposed as a treatment option for patients with uncontrolled hypertension despite the use of anti-hypertensive medications.

Summary of Evidence

For individuals who have uncontrolled hypertension, despite the use of anti-hypertensive medications, who receive RFA of the renal sympathetic nerves, the evidence includes several RCTs, numerous systematic reviews of the RCTs, and a multinational registry study. Relevant outcomes are symptoms, change in disease status, morbid events, medication use, and treatment-related morbidity. The proof of principle SPYRAL HTN-OFF MED study found that multielectrode renal denervation was superior to sham in the absence of background antihypertensive medication therapy, with between-group differences of -4.0 mmHg for 24-h SBP and -6.6 for office SBP at 3 months. The unpowered SPYRAL HTN-ON MED Pilot study also found significant between-group differences of -7.4 mmHg for 24-h SBP and -6.8 mmHg for office SBP at 6 months; however, results were only significant for the subgroup of patients non-adherent to medications. Long-term data from the SPYRAL HTN-ON MED study suggest that blood pressure reductions with multielectrode renal denervation are progressive and sustained over time. The SPYRAL HTN-ON MED Expansion study failed to meet its primary efficacy endpoint and found only 0.03 mmHg difference between renal denervation and sham control groups at 6 months follow-up. A significant reduction in office blood pressure was noted at 6 months (-4.1 mmHg). Confounding of these outcome estimates by unbalanced medication changes, missing 24-h SBP outcome data, and timing of antihypertensive medications related to 24-h SBP assessment may explain the discordant results between the pilot and expansion phases of this trial. Study interpretation is also complicated by short-term blinded follow-up and imputation of excluded crossover patient data. It is unclear which patients are most likely to derive benefit, and currently, there is no practical method to verify nerve destruction following ablation. Evidence from systematic reviews and meta-analyses are conflicting, but all available studies included evidence from both first and second-generation Symplicity catheters as well as multiple renal denervation methodologies such as ultrasound. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Policy History

Date	Action
1/2025	Clarified coding information.
12/2023	Annual policy review. Policy updated with literature review through August 25, 2023; references added. Editorial refinement to policy to include only evidence from the current generation Symplicity Spyral catheter and to omit earlier trials of the first-generation device. Title updated to: "Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension." The indication for resistant hypertension was removed, and the indication for uncontrolled hypertension changed to: "Individuals with uncontrolled hypertension, despite the use of anti-hypertensive medications or who poorly tolerate blood pressure therapy, who receive radiofrequency ablation of the renal sympathetic nerves." Policy statement remains investigational.
12/2022	Annual policy review. Minor editorial refinement to policy statement to include patients with uncontrolled hypertension; intent unchanged. Title updated to: "Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant or Uncontrolled Hypertension." Description, summary, and references updated.
10/2021	Annual policy review. Policy statements unchanged.
2/2021	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
11/2020	Annual policy review. Description, summary, and references updated. Policy statements unchanged.

10/2019	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
10/2018	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
10/2016	Annual policy review. New references added.
11/2015	Annual policy review. New references added.
12/2013	Annual policy review. New references added.
3/2013	New policy describing non-coverage. Effective 3/1/2013.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

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