Children’s Hospital and Health System  
Chorus Community Health Plans  
Policy and Procedure

This policy applies to the following entity(s):

- CHW – Milwaukee
- CHHS Foundation
- CHW – Community Services Division
- Children’s Medical Group - Primary Care
- Children’s Medical Group - Urgent Care
- CHW - Fox Valley
- CHW - Surgicenter
- Chorus Community Health Plans
- Children’s Specialty Group
- CHHS Corporate Departments

Medical Utilization Management Policy

SUBJECT: GENICULAR NERVE RADIOFREQUENCY ABLATION FOR OSTEOARTHRITIC KNEE PAIN

INCLUDED PRODUCT(S):

- Medicaid
  - BadgerCare Plus
- Individual and Family
  - Commercial
  - Care4Kids Program
  - Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medical necessity of genicular nerve radiofrequency ablation (RFA) for osteoarthritic (OA) knee pain. There is a low-quality, consistent body of evidence in the literature suggesting that RFA safely relieves pain and improves function in patients with OA related knee pain that is refractory to conservative treatment and has lasted more than 3 months. RFA is a minimally invasive procedure that has been used to relieve chronic OA knee pain in patients unwilling or ineligible to undergo a surgical intervention.

POLICY:

There is currently no MCG Careweb guideline on genicular nerve RFA. This Chorus Community Health Plans (CCHP) policy will be used to determine the medical necessity of genicular nerve RFA:

Genicular nerve RFA may be indicated when ALL of the following are present:

Effective: 10/19
Last reviewed: 10/23
1) Chronic (duration of 3 or more months) OA knee pain
2) Failure of 3 months or more of nonoperative management, as indicated by **ONE** of the following:
   a) Corticosteroid injection
   b) Exercise program
   c) Pharmacotherapy
   d) Weight loss
3) Imaging studies have ruled out other causes of knee pain (eg fracture, tumor)
4) No coagulopathy
5) No current infection
6) Local anesthetic block of the genicular nerve has been completed within 6 months of the authorization request and achieved $\geq50\%$ pain relief from baseline

**REFERENCES:**
4. Peripheral Nerve Ablation for Treatment of Osteoarthritic Knee Pain. Hayes, a Division of TractManager. Copyright © 2019 TractManager September 19, 2017