

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

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: GENICULAR NERVE BLOCK FOR OSTEOARTHRITIC KNEE PAIN

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medical necessity of genicular nerve block for severe osteoarthritic (OA) knee pain. There is currently insufficient published evidence to support genicular nerve blocks for management of knee pain; however, there is some evidence that peripheral nerve radiofrequency ablation (RFA) may improve knee pain and function. Therefore, genicular nerve block may be indicated as a diagnostic step to ensure that blocking the nerve would provide therapeutic benefit.

POLICY:

There is currently no MCG Careweb guideline on genicular nerve blocks. This CCHP policy will be used to determine the medical necessity of genicular nerve blocks:

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

1. Diagnostic genicular nerve block is needed to confirm that blocking the nerve provides pain relief
2. Patient is a candidate for genicular nerve RFA, as indicated by **ALL** of the following:
 - a. Chronic OA knee pain (at least 3 months' duration)

Effective: 10/19

Revised:

Reviewed: 10/21

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- b. Failure of 3 months or more of nonoperative management, as indicated by **ONE** of the following:
 - i. Exercise program
 - ii. Weight loss
 - iii. Pharmacotherapy
 - iv. Corticosteroid injection
- c. Imaging studies have ruled out other causes of knee pain (eg fracture, tumor)
- d. No coagulopathy
- e. No current infection

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