SUBJECT: GENICULAR NERVE BLOCK FOR OSTEOARTHRITIC KNEE PAIN

INCLUDED PRODUCT(S):

<table>
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<tr>
<th>Medicaid</th>
<th>Individual and Family</th>
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<tbody>
<tr>
<td>✗ BadgerCare Plus</td>
<td>✗ Commercial</td>
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<tr>
<td>✗ Care4Kids Program</td>
<td>✗ Marketplace</td>
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PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medically necessary use of genicular nerve block for severe osteoarthritic (OA) knee pain. The published evidence is currently insufficient 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 ablating the nerve would provide therapeutic benefit.

POLICY:

MCG Careweb guidelines do not currently include genicular nerve blocks. This CCHP policy will be used to determine the medically necessary use 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 the genicular nerve is the pain source
2. Member is a candidate for genicular nerve RFA, as indicated by ALL of the following:

Effective: 10/19
Last reviewed: 10/22

Children’s Hospital and Health System
Chorus Community Health Plans (CCHP)
Policy and Procedure
a. Chronic (duration of 3 or more months) OA knee pain
b. Failure of 3 months or more of nonoperative management, as indicated by ONE of the following:
   i. Corticosteroid injection
   ii. Exercise program
   iii. Pharmacotherapy
   iv. Weight loss
c. Imaging studies have ruled out other causes of knee pain (eg fracture, tumor)
d. No coagulopathy
e. No current infection

REFERENCES: