Medical Utilization Management Policy

SUBJECT: GENICULAR NERVE RADIOFREQUENCY ABLATION FOR OSTEOARTHRITIC KNEE PAIN

INCLUDED PRODUCT(S):

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<th>Medicaid</th>
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<tr>
<td>☑ BadgerCare Plus</td>
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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. The literature suggests a low-quality, consistent body of evidence suggesting that RFA safely relieves pain and improves function in patients with OA related knee pain lasting more than 3 months that is refractory to conservative treatment. 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 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:

1) Chronic OA knee pain (at least 3 months’ duration)
2) Failure of 3 months or more of nonoperative management, as indicated by ONE of the following:

Effective: 10/19
Revised: Reviewed: 10/21
Q: \CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES\Genicular Nerve Ablation Medical UM Policy
Developed by: CCHP Medical Directors and Director Health Plan Clinical Services
a) Exercise program  

b) Weight loss  

c) Pharmacotherapy  

d) Corticosteroid injection  

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 genicular nerve has been completed within 6 months of the authorization request and achieved ≥50% pain relief from baseline

REFERENCES:

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


