

n05698

Nerve Blocks and Ablation Therapy for the Treatment of Knee Pain

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

The purpose of this policy is to provide guidance for Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC's (NHP/NHIC/NHAS) utilization management team in rendering medical necessity decisions related to the use of nerve blocks and ablation therapy for the treatment of knee pain.

Policy Detail:

Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, or Individual and Family Policy to determine eligibility and coverage because employer group and government contracts may vary. Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services LLC follows Medicare's National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership.

- I. Description
 - A. Genicular nerve block is a procedure done to diagnose and treat chronic pain of the knee. During the procedure the nerves are anesthetized (blocked) with local anesthetic through small needles using x-ray guidance. This temporarily blocks the nerve signals in the knee to help decrease knee pain.
 - B. Nerve ablation is destruction of nerves and a method that may be used to reduce chronic pain by preventing the transmission of pain signals.
- II. Coverage
 - A. A regional or local block administered for anesthesia in conjunction with knee surgery would be considered reasonable and necessary.
 - B. A peripheral nerve block administered for diagnostic purposes when the clinical picture is unclear may be considered reasonable and necessary. This is only for diagnostic purpose.
- III. Limitations/Exclusions
 - A. Network Health follows CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) for application to its Medicare Advantage membership, when available.
 - B. The use of nerve blocks and ablation therapy to treat knee pain for all other indications other than outlined above will be reviewed under Network Health's experimental, investigational and/or unproven process. This includes the use of Iovera treatment for the use of post-operative knee pain.

IV. References

- A. Local Coverage Article: Billing and Coding: Peripheral Nerve Blocks (A57452)
- B. Local Coverage Determination (LCD): Peripheral Nerve Blocks (L36850)
Jamison DE, Cohen SP. Radiofrequency techniques to treat chronic knee pain: a comprehensive review of anatomy, effectiveness, treatment parameters and patient selection. *J Pain Res.*2018; 11:1879-1888.
<https://doi.org/10.2147/JPR.S144633>
- C. Qudsi-Sinclair S, Borrás-Rubio E, Abellan-Guillén JF, Padilla Del Ray ML, Ruiz-Merino G. A Comparison of Genicular Nerve Treatment Using Either Radiofrequency of Analgesic Block with Corticosteroid for Pain after a Total Knee Arthroplasty. A Double-Blind, Randomized Clinical Study. *Pain Pract.* 2017 Jun;17(5):578-588.doi.1111/papr.12481. Epub 2016 Sep 19. PMID: 27641918 <https://doi.org/10.1111/papr.12481>

Definitions:

None

Regulatory Citations:

UM2

Related Documents:

CPT Codes:*

64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed
64640	Destruction by neurolytic agent, other peripheral nerve or branch
64624	Destruction by neurolytic agent; genicular nerve branches including imaging, destruction of each of the following genicular nerve branches: superolateral, superomedial and inferomedial
64999	Unlisted procedure, nervous system [when specified as cooled or pulsed RF therapy (not destruction) to genicular nerve(s)]
*CPT codes are subject to change as codes are retired or new ones developed. The CPT list may not be all inclusive.	

Disclaimer:

Contract language as well as state and federal laws take precedence over any medical policy. Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at www.cms.gov.

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only. Network Health’s medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.

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