

Meeting: Utilization Management Committee	Date: 6/20/2024
Title/Topic: Medical Policy – Nerve Blocks and Ablation Therapy for the Treatment of Knee Pain	Policy Number: n05698
Purpose: Annual Review	Outcome: Approve
Line of Business: Commercial and Medicare	Effective Date: 12/12/2024

**INTRODUCTION:**

*Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.*

Nerve blocks are the treatment of acute (short term) or chronic (long term) pain by the use of a medication injected into a nerve.

Nerve ablation is the use of heat, cold, or electric current to treat acute or chronic nerve pain.

**ACTION RECOMMENDED:**

*States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.*

The Nerve blocks and Ablation Therapy for Treatment of Knee Pain medical policy was presented at UMC in June 2024 and approved. It is presented for review and approval with changes as written.

No changes were made to the content or utilization guidance of this policy. Changes made include the addition of “*In the absence of a Medicare LCD/NCD Network Health will use this internal policy criteria for medical necessity determinations for Medicare Advantage membership.*” This will allow the medical policy to be utilized for authorization determinations for nerve blocks and ablation therapy for the treatment of knee pain in the absence of published CMS NCD or LCD/LCA criteria in our region.

**ANALYSIS/JUSTIFICATION:**

*Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services (CMS) coverage determinations as well as any existing established vendor criteria. Information may include financial/cost data, service measures, projections or other key measures or process tools, recommendations from a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.*

The Centers for Medicare/Medicaid (CMS) has guidance related to peripheral nerve blocks however do not speak to the nerve ablations. Local Coverage Article: Billing and Coding: Peripheral Nerve Blocks (A57452) and Local Coverage Determination (LCD): Peripheral Nerve Blocks (L36850)

**REFERENCES:**

*Includes detailed description regarding source(s) of information used for development of policy or recommendations via citation.*

- 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>

**REVISION REASON:**

*Includes the date changes or updates were made and summary of changes applied.*

10/21/2024 Added “*In the absence of a Medicare LCD/NCD Network Health will use this internal policy criteria for medical necessity determinations for Medicare Advantage membership,*” to indicate use of medical policy for utilization management decisions in the absence of a CMS NCD or LCD/LCA in this region.

**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](http://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.