



Genicular Nerve Ablation

Clinical Guidelines for Medical Necessity Review

Version: V1.0
Effective Date: July 1, 2023

Important Notices

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Guideline Information:

Disease Area: Cardiology

Care Path Group: Not applicable

Guideline Name: Genicular Nerve Ablation

Type: Adult (18+ yo) | Pediatric (0-17yo)

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Literature review current through: June 7, 2023

Document last updated: June 7, 2023

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Medical Necessity Criteria

Service: Genicular Nerve Ablation

General Guidelines

- **Units, Frequency, & Duration:** A diagnostic genicular nerve block is performed to determine the appropriateness of an ablation procedure. If the patient achieves at least 50% pain relief for at least 24 hours after the nerve block, the genicular nerve ablation is indicated.¹⁻⁴
- **Criteria for Subsequent Requests:** Patients with previously successful genicular nerve ablation in whom symptomatic knee osteoarthritis has recurred.¹⁻⁴
- **Recommended Clinical Approach:** Genicular nerves provide sensory innervation to the knee and include the: (1) Superolateral genicular nerve (SLGN); (2) Superomedial genicular nerve (SMGN); (3) Inferomedial genicular nerve (IMGN), and (4) Inferolateral genicular nerve (ILGN).⁵⁻¹¹ Physicians can safely target all of these nerves for a genicular nerve block or ablation except for the ILGN.¹² This is because the ILGN is too close to the peroneal nerve. Genicular nerve ablation involves the use of radiofrequency waves (called RFA) to treat pain in the knee in patients with chronic, symptomatic knee osteoarthritis (Kellgren–Lawrence grade 3 or 4).¹³
 - Kellgren–Lawrence scale for radiographic classification of osteoarthritis:
 - **Grade 0:** Normal.
 - **Grade 1:** Questionable (Doubtful narrowing of joint space and possible osteophytic lipping).
 - **Grade 2:** Mild (Definite osteophytes and possible narrowing of joint space).
 - **Grade 3:** Moderate (Moderate multiple osteophytes, definite narrowing of joint space, some sclerosis, and possible deformity of bone ends).
 - **Grade 4:** Severe (Large osteophytes, marked narrowing of joint space, severe sclerosis, and definite deformity of bone ends).
- **Exclusions:** Active systemic infection, coagulopathy or bleeding diathesis, active use of antiplatelet or anticoagulant medications, pregnancy, allergy to local anesthetics or other medications used during the procedure, recent knee trauma/injury, knee joint instability, an implanted device such as a defibrillator, peripheral nerve stimulator,

or pacemaker, psychological or cognitive condition, or severe mobility limitations

Medical Necessity Criteria

Indications

- **Genicular Nerve Ablation** is considered appropriate when **ALL** of the following are **TRUE**¹⁴⁻¹⁵:
- ◆ Chronic, symptomatic knee osteoarthritis lasting greater than three (3) months ([Kellgren-Lawrence grade 3 or 4](#)).
 - ◆ The patient has received a diagnostic genicular block under fluoroscopy or ultrasound guidance.
 - ◆ **ANY** of the following is **TRUE**:
 - Failure of conservative treatments (e.g., weight loss, physical therapy, bracing, corticosteroid injections)
 - History of failed knee replacement
 - Poor surgical candidate due to comorbidities or high BMI
 - Patient with a desire to avoid surgery
 - Patients with previously successful genicular nerve ablation in whom symptomatic knee osteoarthritis has returned

Non-Indications

- **Genicular Nerve Ablation** may not be considered appropriate if **ANY** of the following is **TRUE**^{2-3,14}:
- ◆ Active local or systemic infection
 - ◆ Coagulopathy or bleeding diathesis
 - ◆ Active use of antiplatelet or anticoagulant medications
 - ◆ Pregnancy
 - ◆ Allergy to implant materials
 - ◆ Recent knee trauma/injury
 - ◆ Knee joint instability
 - ◆ An implanted device such as a defibrillator, peripheral nerve stimulator, or pacemaker
 - ◆ The patient is not a safe candidate for the procedure due to psychological or cognitive condition.
 - ◆ Severe mobility limitations

Site of Service Criteria

Outpatient.

Procedure Codes (HCPCS/CPT)

HCPCS/CPT Code	Code Description/Definition
64624	Destruction by neurolytic agent, genicular nerve

	branches including imaging guidance, when performed
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