



Origination 9/3/2024

Effective 11/1/2026

Last Revised 9/4/2026

Next Review 11/01/2027

Area	Medical Policy
Lines Of Business	All Lines of Business

Genicular Nerve Blocks

PURPOSE:

This coverage policy addresses genicular nerve block by neurolytic agents as the procedure has been investigated as a method of treatment for knee pain and disability caused by osteoarthritis of the knee and other conditions.

DEFINITIONS:

Genicular: Relating to the knee.

Genicular nerves provide sensory innervation to the knee and include the following nerve branches;

Superolateral genicular nerve (SLGN): The SLGN courses around the femur shaft to pass between the vastus lateralis and the lateral epicondyle. It accompanies the superior lateral genicular artery.

Superomedial genicular nerve (SMGN): The SMGN courses around the femur shaft, following the superior medial genicular artery, to pass between the adductor magnus tendon and the medial epicondyle below the vastus medialis.

Inferomedial genicular nerve (IMGN): The IMGN courses horizontally below the medial collateral ligament between the tibial medial epicondyle and the insertion of the collateral ligament. It accompanies the inferior medial genicular

artery.

Inferolateral genicular nerve (ILGN): The ILGN courses around the tibial lateral epicondyle deep to the lateral collateral ligament, following the inferior lateral genicular artery, superior of the fibula head.

Genicular blocks can be performed for all the nerves except the Inferolateral genicular nerve because it is too close to the peroneal nerve.

DESCRIPTION:

A genicular nerve block is an injection of medication close to certain nerves in the knee with the goal of providing pain relief. The injections may provide temporary or prolonged pain relief. Imaging guidance, such as ultrasound or fluoroscopy, may be used to assist the physician in targeting the location for the injection. The whole procedure usually takes about 10 minutes.

NON-COVERAGE STATEMENT:

Note: The Health Plan complies with all Medicare National Coverage Determinations (NCDs), applicable Local Coverage Determinations (LCDs), and WV Bureau for Medical Services guidelines for all therapies, items, services, and/or procedures that are covered benefits under Medicare. If the coverage criteria in this policy conflict with any NCDs, relevant LCD, or WV BMS guidelines, the relevant document controls the application of services regardless of the version of the NCD, LCD, or WV BMS guidelines listed in the reference section.

Medicare does not have a National Coverage Determination (NCD) that references genicular nerve blocks. No Local Coverage Determination (LCD) referencing coverage guidelines for genicular nerve blocks by contractors Palmetto GBA or CGS was identified.

Genicular nerve blocks, regardless of submitted code, are considered **investigational and experimental and not medically necessary** as a treatment for knee pain related to, but not limited to:

- Osteoarthritis of the knee
- Degenerative joint disease of the knee
- Postoperative surgery to the knee

CODING:

Providers should code with appropriate coding per description of service for genicular nerve blocks. CPT code 64999 (Unlisted procedure, nervous system) will be considered inappropriate coding as there are specific CPT codes established for this procedure.

64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed.
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance.

Ultrasound guidance is not separately reportable with 64624 and/or 64454 as it is included in the code

description. Document all the genicular nerve branches that are blocked. Both CPT codes 64624 and 64454 include all the following branches: superolateral, superomedial, and inferomedial. If all 3 of these genicular nerve branches are not injected, a 52 modifier (reduced services) should be added to the claim. Genicular nerve block should not be billed with/in conjunction with genicular nerve destruction. Both CPT Codes are only reported once per session regardless of the number of branches injected.

Note: CPT code 64999 may refer to as cooled or pulsed RF therapy (not destruction) to genicular nerve(s)], when specified. These interventions are not addressed in this policy.

REFERENCES:

Article Billing and Coding: Nerve Blockade for Treatment of Chronic Pain and Neuropathy (A56034)

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Deveza LA, Bennell K. Management of moderate to severe knee osteoarthritis. In: Up To Date. Hunter D and Law K,eds. Last updated December 20, 2022. Accessed 06/21/2024.

Hayes, Inc. Health Technology Assessment. Genicular nerve block for treatment of knee osteoarthritis. Executive Summary. Hayes, Inc.; Dec 07, 2023. Accessed 06/11/2026

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Kashif NM, Camp N, Chan J, et al.. Interventional techniques for the management of knee osteoarthritis: a literature review. Cureus Open Access. Published 10/16/2023. Accessed 06/26/2024.

Kim DH, Choi SS, Yoon SH, et al. Ultrasound-guided genicular nerve block for knee osteoarthritis: a double-blind, randomized controlled trial of local anesthetic alone or in combination with corticosteroid. Pain Physician 2018; 21:41-51. Accessed 06/26/24.

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Tan YL, Neo EJ, Wee TC. Ultrasound-guided genicular nerve blockade with pharmacological agents for chronic knee osteoarthritis; a systemic review. Pain Physician. 2022; 25(4):E489-E502. Accessed 06/27/24.

West Virginia Medicaid (2026, April 1). 2026 National Physician Fee Schedule Relative Value File January Release. West Virginia Department of Human Services. West Virginia Bureau for Medical Services: <https://dhhr.wv.gov/bms/FEES/Documents/RBRVS%20Fee%20Schedules/PDF%20format/Web-PFS%20%28RVS%29%20eff%204.1.25-3.31.26%20Rev%205.9.25.pdf>. Accessed June 11, 2026.

POLICY HISTORY:

New Policy

03/05/2026 Added Note regarding Medicare and Medicaid plans under Procedure heading. Added AMA disclaimer end of policy.

03/25/2026 Updated approved in Internal Committee. Forward to UM Committee.

06/11/2026 Added info on 64999 (Unlisted procedure, nervous system) being inappropriate coding. Corrected typo of billing article from A56043 to A56034. Noridian. Updated description for 64454 – added: Injection(s), anesthetic agent(s) and/or steroid prior to genicular nerve branches, including imaging guidance.

08/07/2026 Added an updated Symplr (Hayes Inc) reference. Remains Experimental & Investigational.

POST PAYMENT AUDIT STATEMENT:

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

DISCLAIMER:

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including, but not necessarily limited to, state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and they are subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application.

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All Revision Dates

9/4/2026, 4/24/2026, 9/3/2024

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