

Genicular Artery Embolization (GAE)

Table of Content
Purpose
Description & Definitions
Criteria
Coding
Document History
References
Special Notes
Keywords

<u>Effective Date</u>	9/2023
<u>Next Review Date</u>	9/15/2024
<u>Coverage Policy</u>	Medical 342
<u>Version</u>	1

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details ^{*}.

Purpose:

This policy addresses the medical necessity of Genicular Artery Embolization (GAE).

Description & Definitions:

Genicular artery embolization (GAE) is a minimally invasive procedure by reducing the blood flow and inflammation to the areas around the knee.

Criteria:

Genicular artery embolization is medically necessary for **1 or more** of the following:

- Knee hemarthrosis following total knee arthroplasty for **ALL** of the following:
 - Failed Conservative Therapy and **1 or more** of the following:
 - Ice
 - Immobilization
 - Compression
 - Saline lavage
 - corticosteroid instillation
 - selective COX-2 inhibitors
 - demonstrated synovial hyper-vascularity on angiography
- Reduce tumor vascularity about the knee preoperatively in preparation for tumor resection about the knee
- Reduce tumor bulk in inoperable cases of tumors around the knee

Genicular artery embolization is considered **not medically necessary** for uses other than those listed in the clinical criteria, to include but not limited to

- Treatment of osteoarthritis-related knee pain

Coding:

Medically necessary with criteria:

Coding	Description

37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms)
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- N/A

Reviewed Dates:

- N/A

Effective Date:

- August 2023

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2022). Retrieved Mar 1, 2022, from EncoderPro: <https://www.encoderpro.com/eopro/index.jsp>

(2023). Retrieved Apr 25, 2023, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

(2023). Retrieved Apr 25, 2023, from UpToDate: https://www.uptodate.com/contents/overview-of-dermoscopy?search=Dermoscopy&source=search_result&selectedTitle=1~94&usage_type=default&display_rank=1

(2023). Retrieved Apr 25, 2023, from Carelon Medical Benefits Management: <https://guidelines.carelonmedicalbenefitsmanagement.com/no-search-results-found/>

Genicular artery embolisation for pain from knee osteoarthritis. (2021, Oct 27). Retrieved Apr 25, 2023, from National Institute for Health And Care Excellence (NICE) Guidelines: <https://www.nice.org.uk/guidance/IPG708/chapter/1-Recommendations>

Genicular Artery Embolization with Embosphere Microspheres for Symptomatic Knee Osteoarthritis - Emerging Technology Report - Dec 6, 2021. (n.d.). Retrieved Apr 25, 2023, from HAYES: <https://evidence.hayesinc.com/report/pg.embosphere>

National Coverage Determination (NCD) Therapeutic Embolization (20.28). (1978, Dec 15). Retrieved Apr 25, 2023, from Centers for Medicare & Medicaid Services NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=52&ncdver=1&bc=0>

Percutaneous Management of Osteoarthritis in the Knee. (2021, Jun). Retrieved Apr 25, 2023, from Society of Interventional Radiology Research: [https://www.jvir.org/article/S1051-0443\(21\)00798-3/fulltext](https://www.jvir.org/article/S1051-0443(21)00798-3/fulltext)

Procedure Fee Files & CPT Codes. (2023). Retrieved Apr 25, 2023, from Department of Medical Assistance Services: <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/> & <https://www.dmas.virginia.gov/for-providers/cardinal-care-transition/>

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

SHP Genicular Artery Embolization, Genicular Artery, Embolization, hemarthrosis