Medical Necessity Guidelines: Knee Arthroscopy, Surgical Knee

Effective: September 13, 2017


Applies to:
☒ Tufts Health Plan Commercial Plans products; Fax: 617.972.9409
☒ Tufts Health Direct – Health Connector; Fax: 888.415.9055
☒ Tufts Health Together – A MassHealth Plan; Fax: 888.415.9055
☒ Tufts Health Unify – OneCare Plan; Fax: 781.393.2607
☒ Tufts Health RITogether — A Rhode Island Medicaid Plan; Fax: 857.304.6404
☒ Tufts Health Freedom Plan products; Fax: 617.972.9409
☒ Tufts Health Freedom Plan products; Fax: 617.972.9409

To obtain InterQual® SmartSheets™:
- Tufts Health Plan Commercial Plan products and Tufts Health Freedom Plan products: If you are a registered Tufts Health Plan provider click here to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888.884.2404.
- Tufts Health Public Plans products: InterQual SmartSheet(s) available as part of the prior authorization process.

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Tufts Health Plan requires prior authorization for certain elective knee arthroscopies for Members 18 years of age and older. Please note the information in the ‘Tufts Health Plan Modification to InterQual’ section below.

In order to obtain prior authorization for procedure(s), choose appropriate InterQual SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number listed above, according to Plan.

- Arthroscopy, Surgical, Knee
- Arthroscopically Assisted Surgery, Knee

Note: For Members with combined conditions meniscal tear and osteoarthritis, please utilize the Tufts Health Plan Medical Necessity Guidelines: Knee Arthroscopy, Surgical for Meniscal Tear with Osteoarthritis.

TUFTS HEALTH PLAN MODIFICATION TO INTERQUAL

- Criterion 30.3(C) of the InterQual SmartSheet Arthroscopy, Surgical, Knee; External joint support is not required for criteria to be met.
- Criterion sections 60.3(A), 60.3(B) and 60.3(C) of the InterQual SmartSheet Arthroscopy, Surgical, Knee; For Members 60 years of age and younger, NSAIDs, PT and Activity Modification criteria are met without the treatments being provided.
- Criterion sections 60.3(C) and 80.3(C) of the InterQual SmartSheet Arthroscopy, Surgical, Knee; Activity Modification is not required for criteria to be met.
- Criterion section 70.1(A) of the InterQual SmartSheet Arthroscopy, Surgical, Knee; Criteria has been expanded to include symptoms of a mechanical problem, not related to pain, such as ‘giving out’ or joint instability. Expanded criteria must be met for all Members.
- Criterion section 70.1(B) of the InterQual SmartSheet Arthroscopy, Surgical, Knee; A positive McMurray’s test is not required for criteria to be met.
- **Criterion 60 and 70** of the InterQual SmartSheet Arthroscopy, Surgical, Knee; For Tufts Health Plan Members with a stable or unstable meniscal tear associated with Osteoarthritis, do not use InterQual SmartSheet. Refer to Tufts Health Plan Medical Necessity Guidelines: [Knee Arthroscopy, Surgical for Meniscal Tear with Osteoarthritis](#).

- **Criterion sections 30.3(C), 80.3(C)** of the InterQual SmartSheet Arthroscopically Assisted Surgery, Knee; Activity Modification is **not** required for criteria to be met.

- **Criterion sections 40.3(C) and 50.2(C)** of the InterQual SmartSheet Arthroscopically Assisted Surgery, Knee; **not** required for criteria to be met.

- **Criterion sections 80.3(A), 80.3(B) and 80.3(C),** of the InterQual SmartSheet Arthroscopically Assisted Surgery, Knee; For Members 60 years of age and younger, NSAIDs, PT and Activity Modification criteria are met without the treatments being provided.

- **Criterion section 90.1(A)** of the InterQual SmartSheet Arthroscopically Assisted Surgery, Knee; Knee locking criteria must be met, or case must be sent for MD review

- **Criterion section 90.1(B)** of the InterQual SmartSheet Arthroscopically Assisted Surgery, Knee; A positive McMurray’s test is **not** required for criteria to be met.

- **Criterion 80 AND 90** of the InterQual SmartSheet Arthroscopically Assisted Surgery, Knee; For Tufts Health Plan Members with a stable or unstable meniscal tear associated with Osteoarthritis, do not use InterQual SmartSheet. Refer to Tufts Health Plan Medical Necessity Guidelines: [Knee Arthroscopy, Surgical for Meniscal Tear with Osteoarthritis](#).

### CODES

**Procedures Requiring Prior Authorization:**
Tufts Health Plan will be using InterQual SmartSheet(s) for the following procedure code(s) only.

#### ARTHROSCOPY, SURGICAL, KNEE

The following CPT code(s) require prior authorization:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>29873</td>
<td>Arthroscopy, knee, surgical; with lateral release</td>
</tr>
<tr>
<td>29874</td>
<td>Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)</td>
</tr>
<tr>
<td>29875</td>
<td>Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)</td>
</tr>
<tr>
<td>29876</td>
<td>Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (e.g., medial or lateral)</td>
</tr>
<tr>
<td>29877</td>
<td>Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)</td>
</tr>
<tr>
<td>29879</td>
<td>Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture</td>
</tr>
<tr>
<td>29880</td>
<td>Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed</td>
</tr>
<tr>
<td>29881</td>
<td>Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed</td>
</tr>
<tr>
<td>29882</td>
<td>Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)</td>
</tr>
<tr>
<td>29883</td>
<td>Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)</td>
</tr>
<tr>
<td>29885</td>
<td>Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)</td>
</tr>
<tr>
<td>29886</td>
<td>Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion</td>
</tr>
<tr>
<td>29887</td>
<td>Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation</td>
</tr>
<tr>
<td>29999</td>
<td>Unlisted procedure, arthroscopy</td>
</tr>
</tbody>
</table>
ARTHROSCOPICALLY ASSISTED SURGERY, KNEE

The following CPT code(s) require prior authorization:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>29882</td>
<td>Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)</td>
</tr>
<tr>
<td>29883</td>
<td>Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)</td>
</tr>
</tbody>
</table>

**Note:** For the following CPT code(s) use the InterQual SmartSheet for Arthroscopically Assisted Surgery, Knee.

**REFERENCES**


**Approval History**

October 24, 2007: Reviewed by the Medical Affairs Medical Policy Committee for January 1, 2008 effective date.

Subsequent endorsement date(s) and changes made:

- January 8, 2008: Additional Organizational Policy Note (OPN) added to InterQual SmartSheet at criteria point 722.
- March 28, 2008: Additional Organizational Policy Note (OPN) added to InterQual SmartSheet at criteria points 720 and 830.
- March 31, 2009: Reviewed by Medical Affairs Medical Policy, no changes.
- April 2010: Reviewed at MSPAC, OPNs at criteria points 720, and 830 change age from 50 years old to 60 years old; at criteria point 620 add OPN that eliminates positive McMurray’s Test.
- April 2011: Reviewed by MSPAC. No changes.
- September 20, 2012: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC), and renewed without changes.
- December 12, 2012: Reviewed by IMPAC, coding updated.
- November 25, 2013: Reviewed by IMPAC, OPN's added to Criteria Points 610, 611 and 612 to clarify the required findings.
- October 8, 2014: Reviewed by IMPAC, renewed without changes.
- April 1, 2015: Criterion 30.4D of the InterQual SmartSheet Arthroscopy, Surgical, Knee; External joint support is not required for criteria to be met. Criterion sections 60.3(A), 60.3(B) and 60.3(C) of the InterQual SmartSheet Arthroscopy, Surgical, Knee; For Members 60 years of age and younger, NSAIDs, PT and Activity Modification criteria are met without the treatments being provided. Criterion sections 60.3(C) and 80.3(C) of the InterQual SmartSheet Arthroscopy, Surgical, Knee; Activity Modification is not required for criteria to be met. Criterion section 70.1(A) of the InterQual SmartSheet Arthroscopy, Surgical, Knee; Criteria has been expanded to include symptoms of a mechanical problem, not related to pain, such as 'giving out' or joint instability. Expanded criteria must be met for all Members. Criterion section 70.1(B) of the InterQual SmartSheet Arthroscopy, Surgical, Knee; A positive McMurray's test is not required for criteria to be met. Criterion section 10.3 of the InterQual SmartSheet Arthroscopy, Surgical, Knee; For Tufts Health Plan Members, this box may only be checked when there are minimal osteoarthritic changes, as designated by a Kellgren-Lawrence Grade 0-2 (see Appendix A), when measured on weight bearing or stress radiographs. Radiograph report is required. Criterion 60 and 70 of the InterQual SmartSheet Arthroscopy, Surgical, Knee; For Tufts Health Plan Members with a stable or unstable meniscal tear associated with Osteoarthritis, do not use InterQual SmartSheet. Refer to Tufts Health Plan Medical Necessity Guidelines: Knee Arthroscopy, Surgical for Meniscal Tear with Osteoarthritis. Criterion sections 20.3(B), 40.2(B) and 70.3(C) of the InterQual SmartSheet Arthroscopically Assisted Surgery, Knee; Activity...
Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

Medical Necessity Guidelines apply to the fully insured Commercial and Medicaid products when Tufts Health Plan conducts utilization review unless otherwise noted in this guideline or in the Member's benefit document, and may apply to Tufts Health Unify to the same extent as Tufts Health Together. This guideline does not apply to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options or to certain delegated service arrangements. For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern. Applicable state or federal mandates or other requirements will take precedence. For CareLink Members, Cigna conducts utilization review so Cigna’s medical necessity guidelines, rather than these guidelines, will apply.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of these guidelines is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination
of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.