Medical Necessity Guidelines: Knee Arthroscopy, Surgical for Meniscal Tear with Osteoarthritis

Effective: September 13, 2017


Applies to:
☒ Tufts Health Plan Commercial Plans products; Fax: 617.972.9409
☒ Tufts Health Public Plans products
   ☒ 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

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.

OVERVIEW
Tufts Health Plan requires prior authorization for certain elective knee arthroscopies for Members 18 years of age and older.

Arthroscopy is a minimally invasive surgical procedure that allows an orthopedic surgeon to see and operate inside a joint using a device called an arthroscope. The arthroscope is inserted through very small incisions in the skin.

Please use the Meniscal Tear/Osteoarthritis Authorization Form for all coverage requests.

Please Note: For Members that do not have a diagnosis of osteoarthritis, please utilize the Medical Necessity Guideline: Knee Arthroscopy, Surgical.

COVERAGE GUIDELINES
Tufts Health Plan will cover surgical knee arthroscopies for any of the following clinical situations:

1. Knee osteoarthritis with a concomitant meniscal tear when ANY of the following are present:
   a. Bucket handle tear on exam or MRI
   b. Displaced or unstable meniscal fragment on MRI which is symptomatic
   c. A history of knee “locks”
   d. An audible or palpable click on examination
   e. A patient with an acute traumatic tear

2. For Patients aged 55 and older, with a Kellgren-Lawrence Grade* 1 or 2 knee osteoarthritis NOT meeting any of the above criteria after a failure of ALL of the following:
   a. A minimum of eight (8) physical therapy visits.
   b. A minimum of three weeks of anti-inflammatory medications (unless contraindicated)
   c. At least one corticosteroid injection and one course of hyaluronate injections

*Kellgren-Lawrence Grading Scale

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<thead>
<tr>
<th>Grade</th>
<th>Osteoarthrosis</th>
<th>Description</th>
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<tbody>
<tr>
<td>Grade 0</td>
<td>None</td>
<td>No radiographic features of osteoarthritis are present</td>
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<tr>
<td>Grade 1</td>
<td>Doubtful</td>
<td>Doubtful joint space narrowing (JSN) and possible osteophytic lipping</td>
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<tr>
<td>Grade 2</td>
<td>Minimal</td>
<td>Definite osteophytes and possible JSN on anteroposterior weight-bearing radiograph</td>
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<tr>
<td>Grade 3</td>
<td>Moderate</td>
<td>Multiple osteophytes, definite JSN, sclerosis and possible bony deformity</td>
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<tr>
<td>Grade 4</td>
<td>Severe</td>
<td>Large osteophytes, marked JSN, severe sclerosis and definitely bony</td>
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**LIMITATIONS**
Tufts Health Plan will not cover a surgical knee arthroscopy for either of the following because they are considered not medically necessary:
- Arthroscopic debridement or lavage for a primary diagnosis of symptomatic knee osteoarthritis without a meniscal tear
- Knee osteoarthritis Kellgren-Lawrence grade 3 or 4 with a meniscal tear NOT meeting any of the criteria listed above.

**CODES**
The following CPT and HCPCS codes require prior authorization:

<table>
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<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>
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<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>
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**REFERENCES**

**APPROVAL HISTORY**
December 2009: Reviewed by Medical Affairs, Medical Policy for an April 1, 2010 effective date.

Subsequent endorsement date(s) and changes made:
- April 2010: Reviewed by IMPAC. Re-worded “displaced or unstable meniscal fragment on MRI which is symptomatic” added; delete positive McMurray’s Test; Change PT requirement from 6 weeks to 8 visits; change four weeks of anti-inflammatory meds to three weeks.
- April 2011: Reviewed by MSPAC, no changes
- September 12, 2012: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC), and renewed without changes
BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

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.

Provider Services