

Knee Arthroscopy

Prior Authorization Tip Sheet

*This tip sheet is intended to further assist you in the prior authorization process and for clarification of the Magellan Healthcare¹ clinical guidelines. It is for informational purposes only and is **NOT** intended as a substitute for the clinical guidelines that should be reviewed prior to submitting requests for surgical procedures.*

Guideline NIA_CG-316

****Office notes should clearly state the surgical plan****

Categories for requests:

Knee Ligament Reconstruction/Repair (*includes meniscectomy, lateral release/patellar realignment, articular cartilage restoration*)

Knee Meniscectomy/Meniscal Repair/Meniscal Transplant (*includes synovectomy, loose body removal, chondroplasty/debridement, lateral release/patellar realignment, articular cartilage restoration*)

Knee Surgery – Other (*includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration*)

General Comments:

- Office notes for arthroscopic knee surgery requests should document:
 - Symptom onset, duration, and severity;
 - Loss of function and/or limitations;
 - Type and duration of non-operative management modalities (where applicable).

¹National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

- The required **duration of non-operative treatment** will vary depending on the surgical procedure - (Example: 6 weeks for meniscectomy, 3 months for diagnostic arthroscopy, 6 months for patellofemoral procedures). See NIA guideline 316 for specific requirements.
- Requests for diagnostic knee arthroscopy should have both X-rays *and* an MRI that show indeterminate findings – no arthritis, loose bodies, meniscus tears, etc. The actual MRI report should be provided.
- For all knee arthroscopy requests, the weight-bearing status of all X-rays should be documented in the office notes. If an MRI was performed, the actual **MRI report** should be included in the office notes as well.
- For meniscus surgery requests, if there is evidence of associated arthritis by history, physical examination or MRI, **weight-bearing X-rays** are required to further establish the degree of articular cartilage loss. Unless the member has a locked knee with a displaced bucket-handle tear, weight-bearing X-rays must show **no more than mild arthritis** for approval of meniscus procedures.
- Requests for a MPFL reconstruction can be submitted under “Knee Surgery Other” or Knee Ligament Reconstruction/Repair.

The following is a summary of non-operative treatment required for some of the more common arthroscopic knee procedures. The guidelines should be reviewed for additional requirements including duration of symptoms, physical examination and radiographic criteria and for the complete listing of other procedures not included below. (NIA Guideline 316)

- ❖ **Knee Ligament Reconstruction/Repair** (*includes meniscectomy, lateral release/patellar realignment, articular cartilage restoration*)

ACL Reconstruction:

ACL reconstruction requests *do not require non-operative treatment* provided the following criteria are met:

- Knee instability (as defined subjectively as "giving way", "giving out", "buckling", two-fist sign) with clinical findings of instability: Lachman's 1A, 1B, 2A, 2B, 3A, 3B, Anterior Drawer, Pivot Shift test, or instrumented (KT-1000 or KT-2000) laxity of greater than 3 mm side-side difference;
- MRI results confirm complete ACL tear;
- Member has no evidence of severe arthritis (Kellgren-Lawrence** Grade 3 or 4 [see grading appendix]);

OR

- **At least ONE** of the following criteria are met:
 - MRI results confirm ACL tear associated with other ligamentous instability or repairable meniscus;
 - Acute ACL tear confirmed by MRI in high demand occupation or competitive athlete (any level of participation);
- Member has no evidence of severe arthritis (Kellgren-Lawrence Grade 3 or 4)

❖ **Knee Meniscectomy/Meniscal Repair/Meniscal Transplant** (*includes synovectomy, loose body removal, chondroplasty/debridement, lateral release/patellar realignment, articular cartilage restoration*)

Non-operative treatment for meniscal tears is not required in the following situations:

- Symptomatic meniscal tear confirmed by MRI results that demonstrate a peripheral tear in the vascular zone, associated with pain localized to the corresponding compartment upon physical exam;

OR

- Pediatric or adolescent member has pain and mechanical symptoms with a positive physical exam and MRI shows unstable tear

OR

- History of acute injury/onset of symptoms with a locked knee and/or mechanical symptoms of locking
Physical examination demonstrates 2 of the following: joint line TTP, positive McMurray's test localized to the correct compartment, pain with full flexion or pain with full extension.
MRI demonstrates a bucket-handle tear of the meniscus. (Does not include an extruded meniscus or flap tears);

Most meniscal tears WILL require documentation of non-operative treatment as follows:

- Failure of at least 6 weeks of non-operative treatment, including **at least two** of the following:
 - Rest or activity modifications/limitations
 - Ice/heat
 - Protected weight bearing
 - Pharmacologic treatment: oral/topical NSAIDs, acetaminophen, analgesics, tramadol
 - Brace/orthosis
 - Physical therapy modalities
 - Supervised home exercise
 - Weight optimization
 - Corticosteroid injection

❖ Loose body removal

Non-operative treatment is not required if the following criteria are met:

- Documentation of mechanical symptoms the cause limitation or loss of function
- X-ray or MRI documentation of a loose body

❖ Lateral Release

- Failure of **at least 6 months** of non-operative treatment, including quadriceps strengthening and appropriate hamstring/IT band stretching and patellar mobilization techniques, and **at least one** of the following;
 - Rest or activity modifications/limitations
 - Ice/heat
 - Protected weight bearing
 - Pharmacologic treatment: oral/topical NSAIDS, acetaminophen, analgesics, tramadol
 - Brace/orthosis
 - Physical therapy modalities
 - Supervised home exercise
 - Weight optimization
 - Corticosteroid injection

❖ Patellar Malalignment and/or Patellar Instability:

- Failure of at least 6 months of non-operative treatment, including at least 3 months of physical therapy, and **one** of the following:
 - Rest or activity modifications/limitations
 - Ice/heat
 - Protected weight bearing
 - Pharmacologic treatment: oral/topical NSAIDS, acetaminophen, analgesics, tramadol
 - Brace/orthosis
 - Supervised home exercise
 - Weight optimization
 - Corticosteroid injection

❖ Debridement chondroplasty for patellofemoral chondrosis

- Failure of **at least 12 weeks** of non-operative treatment, including **at least two** of the following;
 - Rest or activity modifications/limitations
 - Ice/heat
 - Protected weight bearing
 - Pharmacologic treatment: oral/topical NSAIDS, acetaminophen, analgesics, tramadol
 - Brace/orthosis
 - Physical therapy modalities
 - Supervised home exercise
 - Weight optimization
 - Corticosteroid injection

❖ **Diagnostic Knee Arthroscopy**

- Failure of at least 12 weeks of non-operative treatment, including at least **two** of the following;
 - Rest or activity modifications/limitations
 - Ice/heat
 - Protected weight bearing
 - Pharmacologic treatment: oral/topical NSAIDS, acetaminophen, analgesics, tramadol
 - Brace/orthosis
 - Physical therapy modalities
 - Supervised home exercise
 - Weight optimization
 - Corticosteroid injection