# Cigna Musculoskeletal Program
# Joint Surgery
# Frequently Asked Questions

**Note: Prior authorization requests should *only* include those codes for the current surgical treatment plan and *not* codes for every contingency surgical treatment plan. Should additions, deletions and/or other changes be required for a current authorization, please contact eviCore to provide supporting documentation for review of the medical necessity of requested additions, deletions and/or other changes.**

### What imaging studies are required to support requests for a hip replacement procedure?

Total hip arthroplasty is considered medically necessary for severe osteoarthritis evidenced by large cysts in the femoral head or acetabulum, joint space obliteration, and severe deformity of the femoral head (e.g., Tonnis Grade 3). This must be clearly documented in the clinical information provided to eviCore.

**Tonnis grading system** is commonly used to describe the presence of osteoarthritis in the hips with grading as follows:

- Grade 0: No signs of osteoarthritis.
- Grade 1: Sclerosis of the joint with minimal joint space narrowing and osteophyte formation.
- Grade 2: Small cysts in the femoral head or acetabulum with moderate joint space narrowing.
- Grade 3: Advanced arthritis with large cysts in the femoral head or acetabulum, joint space obliteration, and severe deformity of the femoral head.

### What clinical documentation is necessary to support three months of conservative care for arthroscopic knee surgery?

Three months of conservative care can be documented in the following manner: The types of treatment can include, but are not limited to: ice, relative rest or activity modification, acupuncture, manual therapy, physiotherapy modalities, supervised therapeutic exercises, oral medications, bracing, or injections (steroid and/or viscosupplementation).

For an individual with clinical suspicion for an acute meniscus tear with associated severe, disabling pain and documented loss of knee function that interferes with the ability to carry out age appropriate activities of daily living or demands of employment, failure of three months of surgical management is *not* required when other criteria are met. See response to the following FAQ for these criteria.

### What imaging studies are required to support requests for meniscectomy?

The MRI scan must demonstrate a frank meniscal tear (not simply degenerative changes, i.e., fraying) that correlates with the individual's reported symptoms and physical exam findings.

### What clinical examination findings are required for knee arthroscopic surgery?

The patient must demonstrate pain and at least one of the following subjective complaints: knee range of motion is "blocked" due to pain, giving way weakness or buckling of the knee, painful locking, clicking, or popping during weight bearing activities, and two or more of the following on physical examination: limited range of motion, evidence of joint swelling or effusion, joint line tenderness, or positive McMurray test (or other equivalent tests for meniscal pathology).

### What clinical documentation is required to support requests for rotator cuff surgery?

Rotator cuff repair is **considered medically necessary** when all of the following criteria have been met:

- Individual has severe, disabling pain or documented loss of shoulder function to the extent that it interferes with ability to carry out age appropriate activities of daily living or demands of employment
- Individual demonstrates both of the following when compared to the non-involved side:
    - One or more of the following positive orthopedic tests:
        - Neer impingement test
        - Drop arm test
        - Hawkins Kennedy impingement test
        - Painful arc test
    - Either of the following:
        - Functionally limited range of motion
        - Measureable loss of strength of the rotator cuff musculature
- Advanced diagnostic imaging (e.g., MRI or CT scan, diagnostic ultrasound) demonstrates partial or full thickness (Tonnis Grade II or III) rotator cuff tear that correlates with the individual's reported symptoms and physical exam findings
- Failure of **non-surgical management for at least eight weeks** in duration (with the exception of the individual who suffers a trauma that results in an acute complete tear **and** associated disabling pain and loss of function)

### What clinical documentation is required to support requests for patellar realignment procedures?

For patellar realignment procedures, **all** of the following criteria must be met:

- Severe anterior knee pain
- Loss of knee function that interferes with the ability to carry out age appropriate activities of daily living or demands of employment
- Confirmed osteochondral defect of the patellofemoral joint (X-ray, CT or MRI scan, or previous arthroscopic procedure)
- Failure of non-surgical management for at least three months
- Positive patellar apprehension test on examination
- Increased Q angle of >15 degrees or elevated TT-TG (tibial tubercle trochlear groove) distance

### What clinical documentation is required to support requests for total knee arthroplasty (replacement)?

For total knee arthroplasty requests, the following are required:

- Chronic severe, disabling pain for at least three months in duration, loss of knee function that interferes with the ability carry out age appropriate activities of daily living or demands of employment, knee arc of > 50°, and failure of non-surgical management.

Radiographic evidence of severe bicompartmental or tricompartmental degenerative arthritis evidenced by either of the following:

- Large osteophytes, marked narrowing of joint space, or severe sclerosis and deformity of bone contour (i.e., Kellgren Lawrence Grade IV)
  Exposed subchondral bone (i.e., Modified Outerbridge Grade IV)

### What is the Modified Outerbridge Classification?

The Modified Outerbridge Classification is a system for judging articular cartilage injury to the knee. This system allows delineation of varying areas of chondral pathology, based on the qualitative appearance of the cartilage surface, and can assist in identifying those injuries that are suitable for repair techniques. The characterization of cartilage in this system is as follows:

- Grade l - Softening with swelling
- Grade ll - Fragmentation and fissuring less than one square centimeter (1 cm2)
- Grade lll - Fragmentation and fissuring greater than one square centimeter (1 cm2)
- Grade lV - Subchondral bone exposed

### What is the Kellgren-Lawrence Grading System?

The Kellgren-Lawrence Grading System is used to describe osteoarthritic changes to the knee. When used, the radiographic findings are typically reported within one of the following categories:

- Grade I – Doubtful narrowing of joint space and possible osteophytic lipping
- Grade II – Definite osteophytes and possible narrowing of joint space
- Grade III – Moderate multiple osteophytes, definite narrowing of joint space, some sclerosis, and possible deformity of bone contour
- Grade IV – Large osteophytes, marked narrowing of joint space, severe sclerosis, and definite deformity of bone contour

### Where can I find additional tools and resources related to my musculoskeletal requests for prior authorization?

You can access important **Cigna MSK program resources** on the implementation website at **http://www.medsolutions.com/implementation/cigna/msk/index.html.**

To access **eviCore healthcare's clinical guidelines** online, visit www.evicore.com.

- Click on "**Resources**" from the main menu, and select "**Providers."** Once you have clicked "Providers," you will see the Clinical Guidelines section.
- The "Clinical Guidelines" section provides a dropdown box that allows you to **Select Solution** (Musculoskeletal). Click on the solution you need, and all clinical guidelines for that solution will populate.