

Arthrodesis (Large Joint)

Also known as	<div>1. Artificial ankylosis</div> <div>2. Joint fusion</div> <div>3. Syndesis</div>								
Description	<div>Surgical repair of joint using internal wires and/ or screws to hold a joint in place to aid in healing.</div> <div>This document describes benefits for large joints including:</div> <div><div>• Hip</div><div>• Knee</div><div>• Shoulder</div></div> <div>Small joints and spine: For small joints (such as elbow finger, and wrist) see Arthrodesis (Small Joint). For spine see Spinal Fusion.</div>								
See also	<div>Similar, related, or easily confused documents.</div> <div><div>• Arthrodesis (Small Joint) - Surgical repair of a small joint using internal wires and/ or screws to hold a joint in place to aid in healing.</div><div>• Arthroplasty - Surgical procedure to replace a joint.</div><div>• Spinal fusion - AKA Spinal arthrodesis. Permanently fuses two or more vertebrae.</div></div>								
Table of Contents	<div>The following topics are included in this document:</div> <div><div>• Commercial</div><div>• Government Programs</div><div>• Individual and Family Business (IFB)</div></div>								
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>4.23.24</td><td>Split into two docs: <i>Arthrodesis (Large Joint)</i> and <i>Arthrodesis (Small Joint)</i>.</td></tr><tr><td>4.23.24</td><td>New stand alone document.</td></tr><tr><td>1.18.24</td><td>Updated to new template.</td></tr></table>	Date	Description	4.23.24	Split into two docs: <i>Arthrodesis (Large Joint)</i> and <i>Arthrodesis (Small Joint)</i> .	4.23.24	New stand alone document.	1.18.24	Updated to new template.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>								
Dean (DHP, Prevea360)	<p>Requires prior authorization.</p> <ul style="list-style-type: none">• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.								
Mayo Medical Plan (MMP)	<p>Quote surgical benefits. Include physician, hospital, and anesthesia benefits.</p> <ul style="list-style-type: none">• Clinic POS: Also quote office visit benefits when done in the clinic.								
Medica (including MHPS)	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.		
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.
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Cost (Prime)	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Does NOT require prior authorization (PA) through Medica.• Follows Medicare guidelines.						
Med Advantage	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.
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Med Supp (Select, Signature)	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						

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Government Programs, Continued

Medicaid

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Individual and Family Business (IFB)

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Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Requires prior authorization.</p> <ul style="list-style-type: none">• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.								
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