

Electrothermal Therapy for Treatment of Joint Instability or Laxity of Ligaments

Also known as	<div><div></div><div><div>1. Electrothermal Arthroscopy</div><div>2. Electrothermally-assisted capsule shift (ETAC)</div><div>3. Thermal Capsulorrhaphy for Glenohumeral Instability</div><div>4. Thermal Shrinkage of the Tendons and Ligaments of the Knee</div></div></div>						
Description	<div><div></div><div><div>Electrothermal therapy is a minimally invasive arthroscopic procedure to tighten the capsule, tendons, and ligaments of a joint by using radiofrequency or laser heat to shrink (but not cut) the tissue. It has been used to treat such conditions as shoulder instability and anterior cruciate ligament (ACL) laxity (loose ligament) in the knee.</div><div>Tendons and ligaments are primarily composed of collagen. When collagen is heated to the appropriate temperature, it contracts and shrinks, thus making a tighter and more stable joint.</div></div></div>						
See also	<div><div></div><div><div>Similar, related, or easily confused documents.</div><div><div><div>• Anterior Cruciate Ligament (ACL) Repair and Reconstruction – ACL repair surgery generally is used in the case of an avulsion fracture (a separation of the ligament and a piece of the bone from the rest of the bone).</div></div></div></div></div>						
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Commercial

Introduction	This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.						
Benefits (all except MMP)	Not covered.						
Mayo Medical Plan (MMP)	Not covered.						
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>5.21.24</td><td>Refreshed for age.</td></tr><tr><td>5.16.24</td><td>Updated to new template.</td></tr></table>	Date	Description	5.21.24	Refreshed for age.	5.16.24	Updated to new template.
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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">• Not covered.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Not covered.</p> <ul style="list-style-type: none">• Medica is the only payer.						
Cost (Prime)	<p>Not covered.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.						
Med Advantage	<p>Not covered.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medica is the only payer.						
Med Supp (Select, Signature)	<p>Not covered.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						
Medicaid	Not covered.						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>5.21.24</td><td>Refreshed for age.</td></tr><tr><td>5.16.24</td><td>Updated to new template.</td></tr></table>	Date	Description	5.21.24	Refreshed for age.	5.16.24	Updated to new template.
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Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.						
Benefits	Not covered.						
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>5.21.24</td><td>Refreshed for age.</td></tr><tr><td>5.16.24</td><td>Updated to new template.</td></tr></table>	Date	Description	5.21.24	Refreshed for age.	5.16.24	Updated to new template.
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