

Arthroscopy (Large Joint)

Also known as	<div>1. Arthroscopic surgery</div> <div>2. Keyhole surgery</div>						
Description	<p>Arthroscopy is a surgical procedure in which an arthroscope (an instrument used to examine the inside of a joint), is inserted into the joint to inspect, diagnose, and repair tissues. Arthroscopy is most commonly performed in patients with diseases of the knees or shoulders.</p> <p>This document describes benefits for large joints including:</p> <div><div>• Hip</div><div>• Knee</div><div>• Shoulder</div></div> <p>Small joints: For small joints (such as elbow finger, and wrist) see Arthroscopy (Small Joint).</p>						
See also	<p>Similar, related, or easily confused documents.</p> <div><div>• Arthroscopy (Small Joint) - Surgical insertion of an arthroscope into a joint to inspect, diagnose, and repair tissue.</div><div>• Autologous Chondrocyte Implantation in the Knee - Surgical procedure to help repair damaged knee cartilage.</div><div>• Tidal Knee Lavage for Osteoarthritis - Washing of a knee joint with sterile saline under local anesthetic using a wide bore needle or small bore arthroscope to remove debris from the joint.</div></div>						
Table of Contents	<p>The following topics are included in this document:</p> <div><div>• Commercial</div><div>• Government Programs</div><div>• Individual and Family Business (IFB)</div></div>						
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>4.23.24</td><td>Split into two docs: <i>Arthroscopy (Large Joint)</i> and <i>Arthroscopy (Small Joint)</i>.</td></tr><tr><td>4.23.24</td><td>New stand alone document.</td></tr></table>	Date	Description	4.23.24	Split into two docs: <i>Arthroscopy (Large Joint)</i> and <i>Arthroscopy (Small Joint)</i> .	4.23.24	New stand alone document.
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Commercial

Introduction	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).						
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)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>						
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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