

Medical Policy Guidelines

Knee Injury – Prior Authorization Requirements

This medical policy outlines prior authorization requirements for diagnostic imaging and treatments related to knee injuries. The purpose is to ensure appropriate utilization, evidence-based care, and medical necessity for all services rendered to members presenting with knee pain, trauma, or degenerative conditions.

1. Coverage Criteria

Prior authorization is required for advanced imaging and surgical interventions when the following criteria are met:

- Knee pain or swelling persisting beyond 6 weeks despite conservative management (e.g., RICE therapy, NSAIDs, physical therapy).
- Clinical documentation supporting diagnoses such as meniscal tear, ACL injury, osteoarthritis, or patellar tendinopathy.
- Evidence that non-surgical treatments were attempted prior to surgical referral.
- Specialist (orthopedic or sports medicine) consultation recommended for surgical procedures.

2. Diagnostic Procedures Requiring Prior Authorization

Procedure	CPT Code	Authorization Required
MRI of Knee (without contrast)	73721	Yes
MRI of Knee (with contrast)	73722	Yes
CT Scan of Lower Extremity	73700	Yes
Ultrasound of Knee Joint	76881	No
X-ray of Knee (2 or more views)	73562	No

3. Non-Covered Services

The following services are considered investigational, experimental, or not medically necessary for knee injuries:

- Arthroscopic lavage or debridement for osteoarthritis without mechanical symptoms.
- Platelet-rich plasma (PRP) injections for knee osteoarthritis.
- Stem cell therapy or biologic injections without FDA approval.
- Custom braces without documentation of medical necessity or prior trial of standard brace.

4. Documentation Requirements

The following documentation is required to support prior authorization requests:

- Clinical notes detailing mechanism of injury, onset, duration, and pain severity.
- Documentation of conservative measures attempted (e.g., PT, medications).
- Imaging or test results supporting diagnosis (if applicable).
- Proposed treatment plan and justification for advanced imaging or surgery.

5. Surgical Procedures Requiring Prior Authorization

Procedure	CPT Code	Authorization Required
Arthroscopic Knee Surgery (diagnostic or therapeutic)	29880	Yes
ACL Reconstruction	29888	Yes
Meniscal Repair	29882	Yes
Total Knee Arthroplasty	27447	Yes
Partial Knee Replacement	27446	Yes

6. Medical Review Guidelines

All prior authorization requests will be reviewed by a licensed medical director or appropriate clinical reviewer. Requests not meeting outlined criteria may be denied, with the option for peer-to-peer discussion or submission of additional documentation.

Note: Policy updates may occur periodically to align with new clinical evidence and payer utilization management guidelines.

Disclaimer

This policy is intended for prior authorization and coverage determination. It does not replace provider clinical judgment or supersede the member's benefit plan. Coverage is subject to the terms and conditions of the member's plan and applicable state and federal regulations.