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3 **Title: Priority Health Restrictions on Arthroscopic Knee**  
4 **Procedures**  
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6 **Introduced by: Robert M. Doane, MD, for the Jackson County Delegation**  
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8 **Original Author: Robert M. Doane, MD**  
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10 **Referred to: Reference Committee A**  
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12 **House Action: Withdrawn**  
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14  
15 **Whereas, Priority Health has specific requirements that have to be**  
16 **fulfilled before the physician can perform an arthroscopic procedure of the**  
17 **knee under their Medical Policy, and**  
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19 **Whereas, the Medical Policy requires, for patients 45 years or older with**  
20 **osteoarthritis present, a minimum of 8 weeks of conservative management and**  
21 **the failure of the use of anti-inflammatory medication, at least one**  
22 **corticosteroids injection or one course of hyaluronate injections, and physical**  
23 **therapy prior to the performance of knee arthroscopy<sup>1</sup>, and**  
24

25 **Whereas, the only provision for immediate knee arthroscopy is for**  
26 **“bucket handle tears with catching or locking on exam;” however, these**  
27 **findings are not always present with this condition and a true “bucket handle**  
28 **tear” (there are many types of tears, radial, horizontal fissure, bucket handle or**  
29 **combined that can all cause these symptoms) cannot be confirmed without first**  
30 **obtaining an MRI or during arthroscopy, and**  
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32 **Whereas, for many people who have moderate or advanced**  
33 **osteoarthritis, arthroscopy is not covered without a documented meniscus tear;**  
34 **thereby, forcing the physician to order an MRI only to prove meniscus tear and**  
35 **many with advanced symptomatic osteoarthritis have concurrent meniscus**  
36 **tears anyways, and**  
37

38 **Whereas, on many occasions the history and exam for patients with a**  
39 **meniscus tear can be obvious; however, the Medical Policy requires MRI or**  
40 **failure of physical therapy adding to the cost to treat these conditions, and**  
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42 **Whereas, a younger patient must show loose or foreign body,**  
43 **demonstrated on imaging studies, a true locked knee, or failure of 8 weeks**  
44 **conservative management including failure of anti-inflammatory medication,**  
45 **one corticosteroid injection or one course of hyaluronate injections, and**  
46 **physical therapy, and**

47 **Whereas, the AAOS Now, May 2013, states “Policymakers need to know**  
48 **that current efforts to hold down healthcare costs by delaying or reducing**

49 **access to surgical treatment of specific musculoskeletal conditions will often**  
50 **result in even higher costs to society,”<sup>2</sup> and**

51  
52 **Whereas, there are other methods to monitor surgeons that perform**  
53 **these procedures excessively, instead of applying a confusing set of rules that**  
54 **are applied to all surgeons, and**

55  
56 **Whereas, under the “Guidelines for Managed Care” in the Michigan State**  
57 **Medical Society policy manual it is stated that “Frequency of use and criteria**  
58 **for medical care are and must continue to be the responsibility of the**  
59 **physician,”<sup>3</sup> and**

60  
61 **Whereas, these criteria require a physician to order tests and procedures**  
62 **which they may not deem necessary in order to care for that patient’s**  
63 **diagnosis, and**

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65 **Whereas, these excessive criteria and restrictions may delay the**  
66 **definitive treatment for a patient, particularly when the diagnosis is obvious by**  
67 **history, exam and x-ray findings; therefore be it**

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69 **RESOLVED: That MSMS request that Priority Health provide outcome**  
70 **data to physicians pertaining to the impact restrictions on the performance of**  
71 **immediate arthroscopic knee procedures have on quality of care, utilization,**  
72 **and costs related to the treatment of patients with moderate or advanced**  
73 **osteoarthritis or obvious meniscus tear; and be it further**

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75 **RESOLVED: That MSMS engage in discussions with Priority Health to**  
76 **eliminate burdensome and restrictive requirements regulating the performance**  
77 **of arthroscopic knee procedures that may increase the costs to care for**  
78 **patients while delaying their definitive treatment.**

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81 **WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE**

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<sup>1</sup> Priority Health, Medical Policy – Knee Arthroscopy, Policy/Criteria, page 1

<sup>2</sup> AAOS Now, May 2013, Orthopaedic Surgery Helps Keep U.S. Economy Going, page 45

<sup>3</sup> Policy Manual, Official Policies of the Michigan State Medical Society, 2005 Edition Amended 2011; page 20, #5