



Open Meniscus Repair – Single Service

Clinical Guidelines for Medical Necessity Review

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Important Notices

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Guideline Information:

Specialty Area: Diseases & Disorders of the Musculoskeletal System (M00-M99)

Guideline Name: Open Meniscus Repair (Single Service)

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Type: Adult (18+ yo) | Pediatric (0-17yo)

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Medical Necessity Criteria

Service: Open Meniscus Repair

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach¹:** The decision to repair should include many factors: patient age, baseline functional status, and the location, type, and degree of tear. Open repair of meniscus tears can be advantageous due to the ability to better prepare the tear site.² Avoid delays if possible.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

→ **Open Meniscus Repair** is considered appropriate if **ALL** of the following are **TRUE³**:

◆ **ANY** of the following is **TRUE**:

- The patient has mechanical symptoms following an acute tear; **OR**
- The patient has a chronic tear, and **ALL** of the following are **TRUE**:
 - Persistent mechanical symptoms; **AND**
 - Failure of conservative management for greater than 3 months with degenerative tears and minimal osteoarthritis, including **ALL** of the following:
 - ◆ Oral steroids or anti-inflammatory medication; **AND**
 - ◆ Physical therapy; **AND**
 - ◆ Activity modification; **AND**
 - ◆ **ANY** of the following:
 - Corticosteroid injection if medically appropriate; **OR**
 - Corticosteroid injection is contraindicated; **OR**
- The tear is a recurrent tear or failed repair demonstrated on advanced imaging¹; **AND**

- ◆ Limited activities of daily living (ADLs) due to pain and instability; **AND**
- ◆ Tight medial compartment and posterior open approach is indicated;² **AND**
- ◆ The patient has **ANY** of the following advanced imaging findings:¹
 - Medial meniscus tears in a young, active patient;⁴ **OR**
 - Unstable tears, such as bucket handle and double longitudinal tears; **OR**
 - Isolated simple-pattern meniscus tears in stable knees; **OR**
 - Posteromedial and posterolateral root tears; **OR**
 - Longitudinal tears greater than 10 millimeters (mm); **OR**
 - Tears primarily in the vascular zones of the meniscus; **OR**
 - Acute traumatic meniscal tear.¹

Non-Indications

→ **Open Meniscus Repair** is not considered appropriate if **ANY** of the following is **TRUE**:⁵

- ◆ Degenerative tears; **OR**
- ◆ Isolated meniscus repair in an unstable knee;⁶⁻⁸ **OR**
- ◆ Osteoarthritis of the knee (moderate, severe, or KL grade III or IV).^{9,10}

Level of Care Criteria

Inpatient or Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS/CPT Code	Code Description
27403	Arthrotomy of knee with repair of meniscus

Medical Evidence

Kopf et al. (2020) examined management of traumatic meniscus tears through an expert consensus process, and determined that preservation of the meniscus should be the first line of treatment when possible. Clinical and radiological long-term outcomes are worse after partial meniscectomy as opposed to meniscus preservation. They also concluded that meniscus repair types that were previously considered irreparable (older tears, tears in obese patients, long tears, etc.) should be repaired.¹

Maffulli et al. (2010) concluded that in meniscal tears, meniscal tissue should be preserved whenever possible. When repair is not possible, partial meniscal resection would be indicated, as well as consideration of meniscal transplantation.²

In a systematic review, Beaufils et al. (2009) developed clinical practice guidelines for management of meniscal lesions. Their primary recommendations included the following;

- Only peripheral meniscal lesions affecting healthy, vascularized areas of tissue should be repaired.
- Surgery or meniscal repair should not automatically be considered in traumatic meniscal lesions.
- Intervention planning for non-traumatic degenerative meniscal lesions should include evaluation of the extent of cartilage damage.⁴

Carreau et al. (2017) systematically evaluated the literature regarding sub acute root tears with medial meniscal extrusion in middle aged patients. Previously, repair was recommended in the younger, more active patient population, though such injuries are more common with the middle aged. These patients typically present with co-existing arthritis and treatment should be based upon the severity. When there is early or minimal arthritis, root repair ideally can restore meniscal function and improve symptoms.⁸

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