

Medical Necessity Guidelines Knee Imaging

Policy Number: 113

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Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan uses to determine medical necessity for knee imaging services.

Medicare Advantage

Prior Authorization Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Not covered	S8042

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan’s medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan’s most recent policy review, CMS offered no NCDs or LCDs for knee imaging. Refer to the commercial and qualified health plan section for medical necessity guidelines.**

Mass General Brigham ACO

Prior Authorization Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Not covered	C8912, C8913, C8914, S8042

Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for the requested service, Mass General Brigham Health Plan’s medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan’s most recent policy review, MassHealth did not offer any guidelines for knee imaging. Refer to the commercial and qualified health plan section for medical necessity guidelines.**

One Care and Senior Care Options (SCO)

Prior Authorization Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Not covered	S8042

Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its One Care and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, or the member does not meet all of the medical necessity criteria for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. **See Medicare Advantage criteria and exclusions above. If Medicare Advantage criteria are not met, then MassHealth criteria are applied.**

Commercial and Qualified Health Plans

Prior Authorization Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Medical necessity for knee imaging is determined through InterQual® criteria, which Mass General Brigham Health Plan has customized to include a pathway to request a CT scan in advance of a plan-approved total knee replacement. To access the criteria, log into Mass General Brigham Health Plan's provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources menu.

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Authorized Code	Code Description
73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL
73701	CT LOWER EXTREMITY W/CONTRAST MATERIAL
73702	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL
73706	CT ANGIOGRAPHY LOWER EXTREMITY
73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL
73722	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL
73723	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL
73725	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL
76376	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION
76377	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATIO
C8912	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY
C8913	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY
C8914	MR ANGIO W/O CONTRST FLWED W/CONTRST LOW EXTRM
S8042	Magnetic resonance imaging (mri), low-field

Effective Dates

July 1, 2026: Effective date.

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