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> **Next Review** 06/2025

Owner Sheila Almeida:

> Supervisor Utilization Management

Area **Utilization Review**

- CA Region

Applicability CA - Physician

> Enterprise Southern

UM CA Regional Medical Review Policy: Ultrasound Guided Joint Procedures Criteria

Scope

Providence provider network includes: Southern California Networks Orange County / High Desert Medical Groups (St. Jude, St. Joseph, Mission, St. Mary's), LA County Medical Groups (Axminster Medical Group, Facey Medical Group, Providence Care Network, St. Johns Physician Partners Medical Group,) and Northern California Networks (Sonoma, Humboldt, and Napa Valley)

I. Purpose

To define a regional policy and procedure to be followed by the practitioner who identifies a patient who meets medical necessity for ultrasound guided joint procedures.

II. Definitions

Term	Definition	
Regional Medical Review policy	The Medical Directors and Governing Board have directed the UM Department to follow a specific policy in regards to Referral Management.	

III. Policy:

A. Joints: Ultrasound guidance is of greatest use for joints or other periarticular spaces that are especially difficult to enter based on external landmarks alone. Therefore, the use of ultrasound guided procedures for the following joints will require prior authorization when

medical necessity criteria are met as described below:

- 1. Acromioclavicular joint
- 2. Knee
- 3. Tibiotalar joint
- 4. Trochanteric bursa
- B. Medical Necessity Criteria: The decision regarding which procedures to perform using ultrasound guidance depends upon multiple factors, including the expertise of the clinician performing musculoskeletal procedures without ultrasound. Ultrasound guided injections and/ or aspirations will be approved for the joints above if at least one of the medical necessity criteria below are met:
 - 1. The lack of success of an initial attempt to aspirate or inject the joint.
 - 2. Difficulty based on external anatomical landmarks alone such as severe joint deformity or obesity (generally Body Mass Index of equal to or greater than 40).
 - 3. Other criteria that demonstrate how patient safety/care may be compromised if the provider is unable to use an ultrasound guided approach.

IV. Maintenance

Date	Revision, Description	
6/1/15	Regional Medical Review policy written.	
11/04/2021	Updated scope to remove Hoag, add Humboldt Updated business naming to Providence Corrected format to current business standard	
08/07/2023	No content changes, Annual review	
05/01/2024	Added 04/2024 version of UpToDate reference via link and PDF attachment. Updated to add LA Ministries and convert to an All UM CA Regional policy. Removed procedural section as not needed	
05/06/2024	Revisions to add clarity around specific joints and medical necessity requirements. Review and updates made to identify more current/specific references.	

V. References:

- <u>UpToDate 2024</u>: <u>Musculoskeltal Ultrasonography</u>: <u>Guided Injection and Aspiration of Joints and Related Structures pg. 1-35</u>.
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 - Topic 14926 Version 8.0

Attachments

<u>UpToDate -Musculoskeletal ultrasonography - Guided injection & related structures - current as 04_2024.pdf</u>

Approval Signatures

Step Description	Approver	Date
Director Utilization Management	Alik Apikian: Director Utilization Management	06/2024
Senior Clinical Educator	Sheila Almeida: Supervisor Utilization Management	06/2024

Applicability

CA - Physician Enterprise Southern

Standards

No standards are associated with this document