



Arthroscopy for Osteoarthritis of the Knee Clinical Coverage Criteria

Overview

Osteoarthritis is a disease of the articular cartilage. When cartilage loss occurs there may ultimately come to be bone on bone contact. Changes in structures around the joint (muscles and tendons), fluid accumulation and bony overgrowth (e.g., osteophytes or bone spurs) can develop. Articular cartilage has limited potential for regeneration or repair. There is no cure for osteoarthritis.

Osteoarthritis can affect any synovial joint. When it involves the knee joint it can cause severe chronic pain, loss of mobility, and disability. Treatment is focused on education, physical and occupational therapy, weight transfer modalities, joint protection and pharmacologic therapy. Patients with severe symptomatic osteoarthritis and limitation in activities of daily living should be referred to an orthopedic surgeon for evaluation. Knee joint replacement (knee arthroplasty) provides marked pain relief and functional improvement in the majority of patients with osteoarthritis of the knee. Prosthetic implants have a limited life expectancy depending upon an individual's age, weight, activity level and medical condition. Revision arthroplasty is difficult and outcomes of revision arthroplasty are not comparable to outcomes for primary arthroplasty.

Arthroscopy is a minimally invasive procedure that allows direct visualization of the interior of a joint. Knee arthroscopy allows orthopedic surgeons to assess - and in some cases, treat - a range of conditions affecting the knee joint. Reconstruction of the anterior cruciate ligament (ACL) and repair of a torn meniscus are among the most commonly performed arthroscopic surgeries. Injuries to both the ACL and the menisci are common, particularly in young athletes. (Torn menisci are also seen in older patients as the result of degeneration.) Arthroscopic lavage and arthroscopic debridement have been proposed as options for patients with osteoarthritis of the knee to reduce pain and improve function, postponing knee joint replacement.

1. Arthroscopic lavage or "washout" consists of flushing the knee joint with up to 10 liters of fluid. Any intraarticular debris is washed out through arthroscopic cannulas. In contrast to arthroscopic debridement, no instruments are used to mechanically debride or remove intraarticular tissue.
2. Arthroscopic debridement may include low volume lavage. Debridement is a general term which is used to cover many arthroscopic procedures including partial synovectomy, decompression and resection of plicae/adipose tissue, partial menisectomy, chondroplasty, removal of loose bodies, and/or osteophyte removal.

Policy

This Policy applies to the following Fallon Health products:

- Commercial
- Medicare Advantage
- MassHealth ACO
- NaviCare
- PACE

Fallon Health uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for Medicare Advantage, NaviCare and PACE plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and guidance in the Medicare manuals are the basis for coverage determinations. When there is no NCD, LCD or manual guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations.

See Part II. below for Medicare Advantage, NaviCare and PACE plan members

Part I. Commercial and MassHealth plan members

Fallon Health's Technology Assessment Committee has concluded that the scientific evidence has not shown that arthroscopy improves outcomes for patients with osteoarthritis of the knee. Randomized controlled studies demonstrating a clinically significant advantage for arthroscopy would be necessary to refute these results, which show equivalence between arthroscopy a control group.

Fallon Health does not cover arthroscopy for the treatment of osteoarthritis of the knee because this procedure has not been shown to improve patient outcomes, specifically reduction in knee pain or improvement of knee function when compared to a control group.

Part II. Medicare Advantage, NaviCare and PACE plan members

On June 11, 2004, CMS issued a National Non-Coverage Determination for arthroscopic procedures for osteoarthritis of the knee (**National Coverage Determination (NCD) for Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee (150.9)**). CMS determined that the following procedures are not reasonable and necessary in treatment of osteoarthritis of the knee and therefore are not covered by Medicare:

- Arthroscopic lavage used alone for the osteoarthritic knee;
- Arthroscopic debridement for osteoarthritic patients presenting with knee pain only; or,
- Arthroscopic debridement and lavage with or without debridement for patients presenting with severe osteoarthritis (Severe osteoarthritis is defined in the Outerbridge classification scale, grades III and IV. Outerbridge is the most commonly used clinical scale that classifies the severity of joint degeneration of the knee by compartments and grades. Grade I is defined as softening or blistering of joint cartilage. Grade II is defined as fragmentation or fissuring in an area <1 cm. Grade III presents clinically with cartilage fragmentation or fissuring in an area >1 cm. Grade IV refers to cartilage erosion down to the bone. Grades III and IV are characteristic of severe osteoarthritis.)

Arthroscopy for plan members without severe osteoarthritis of the knee who present with symptoms other than pain alone; i.e., (1) mechanical symptoms that include, but are not limited to, locking, snapping, or popping (2) limb and knee joint alignment, and (3) less severe and/or early degenerative arthritis, remain at the discretion of Fallon Health.

Exclusions

- Arthroscopy to treat the diagnosis of osteoarthritis of the knee.

Coding

This policy is not intended to address arthroscopy for other medically necessary indications, such as in the presence of infection, for the removal of loose or foreign bodies, or for the repair of a symptomatic torn ACL and/or meniscus.

National Government Services (NGS) Local Coverage Article: Billing and Coding: Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee (A52369) reiterates non-coverage and provides coding and billing guidelines for non-covered arthroscopic

lavage and debridement procedures. NGS instructs providers to use the following codes to report non-covered procedures:

- Report CPT code 29999 (Unlisted procedure, arthroscopy) for arthroscopic lavage of the knee for treatment of osteoarthritis and/or arthroscopic debridement and lavage for patients with severe osteoarthritis.
- Report CPT code 29877 (Arthroscopy, knee, surgical; debridement/shaving of articular cartilage [chondroplasty]) for arthroscopic debridement with presentation of knee pain only, or arthroscopic debridement without lavage for patients with severe osteoarthritis.
- Report HCPS code G0289 for arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee.

Claims for arthroscopy of the knee (CPT Codes 29870-29887 or 29999) submitted with one of the ICD-10-CM codes listed below as the primary diagnosis will be denied with the following disposition: Deny Vendor Liable.

ICD-10-CM	Description
M17.0	Bilateral primary osteoarthritis of knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.31	Unilateral post-traumatic osteoarthritis, right knee
M17.32	Unilateral post-traumatic osteoarthritis, left knee
M17.4	Other bilateral secondary osteoarthritis of knee
M17.5	Other unilateral secondary osteoarthritis of knee
M17.9	Osteoarthritis of knee, unspecified
M25.561	Pain in right knee
M25.562	Pain in left knee

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

Code	Description
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
29873	Arthroscopy, knee, surgical; with lateral release
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (e.g., medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29999	Unlisted procedure, arthroscopy
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee

References

1. Centers for Medicare & Medicaid Services National Coverage Determination (NCD) for Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee (150.9) Effective June 6, 2004.
2. National Government Services Local Coverage Article: Billing and Coding: Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee (A52369). Original Effective Date 10/1/2015. Revision Effective Date 05/07/2020. Accessed 06/15/2021.
3. Reichenbach S, Rutjes AWS, Nuesch E, Trelle S, Jüni P. Arthroscopic Lavage for Osteoarthritis of the Knee. *Cochrane Database Syst Rev*. 2010 May 12;(5):CD007320..
4. Laupattarakasem W, Laopaiboon M, Laupattarakasem P, Sumananont C. Arthroscopic Debridement for Knee Osteoarthritis. *Cochrane Database of Systematic Reviews*. 2008, Issue 1. Art No.:CD005118.
5. Moseley JB, O'Malley K, Petersen NJ et al. A Controlled Trial of Arthroscopic Surgery for Osteoarthritis of the Knee. *N Engl J Med*. 2002 Jul;347(2):81-8.
6. Jackson RW, Dieterichs C. The Results of Arthroscopic Lavage and Debridement of Osteoarthritic Knees Based on the Severity of Degeneration: A 4 to 6 Year Symptomatic Follow-up. *Arthroscopy*. 2003 Jan;19(1):13-20.
7. Dervin GF, Stiell IG, Rody K, Grabowski J. Effect of Arthroscopic Debridement for Osteoarthritis of the Knee on Health-Related Quality of Life. *J Bone Joint Surg Am*. 2003 Jan;85-A(1):10-9.
8. Aaron RK, Skolnick AH, Reinert SE, Ciombor DM. Arthroscopic Debridement for Osteoarthritis of the Knee. *Bone Joint Surg Am*. 2006 May;88(5):936-43.
9. Siparsky P, Ryzewicz M, Peterson B, Bartz R. Arthroscopic Treatment of Osteoarthritis of the Knee: Are There any Evidence-Based Indications? *Clin Orthop Relat Res*. 2007 Feb;455:107-12.
10. American Academy of Orthopaedic Surgeons. *Treatment of Osteoarthritis of the Knee 2nd Edition* May 18, 2013.
11. Shin CS and Lee JH. Arthroscopic Treatment for Osteoarthritic Knee. *Knee Surg Relat Res*.2012;24(4):187-192.
12. Spanh G, Klinger HM, Hofmann GO The effect of arthroscopic debridement and conservative treatment in knee osteoarthritis: Results of a 5-year follow-up and literature review 2013 Dec;27(4):226-31.
13. Katz JN, Brownlee SA, Jones MH. The role of arthroscopy in the management of knee osteoarthritis. *Best Pract Res Clin Rheumatol*. 2014 Feb;28(1):143-56.
14. Adelani MA, Harris AH, Bowe TR, Giori NJ. Arthroscopy for Knee Osteoarthritis Has Not Decreased After a Clinical Trial. *Clin Orthop Relat Res*. 2016 Feb;474(2):489-94.
15. Barlow T, Plant CE. Why we still perform arthroscopy in knee osteoarthritis: a multi-methods study. *BMC Musculoskelet Disord*. 2015 Apr 12;16:85.
16. Ghomrawi HMK, Marx RG, Pan TJ, et. al. The effect of negative randomized trials and surgeon volume on the rates of arthroscopy for patients with knee OA. *Contemp Clin Trials Commun*. 2017 Dec 2;9:40-44.
17. Charlesworth J, Fitzpatrick J, Perera NKP, Orchard J. Osteoarthritis- a systematic review of long-term safety implications for osteoarthritis of the knee. *BMC Musculoskelet Disord*. 2019 Apr 9;20(1):151.

Policy history

Origination date:	05/01/2009
Approval(s):	Technology Assessment Subcommittee: 10/28/2008 2/26/2014 ICM codes mapped; 4/23/2014 correction due to ICD-10-CM implementation; 4/23/2014 currently not reimbursed separately for all lines of business, effective 7/1/2014 this service will deny vendor liable for all lines of business. Technology Assessment Committee: 01/13/2009, 03/26/2013, 10/22/2014 (updated language, references) 10/28/2015 (updated references), 10/26/2016 (removed ICD-9 codes), 10/25/2017 (annual

review, no updates), 10/11/2018 (updated references), 10/23/2019 (updated references).

06/15/2021 (Added clarifying language related to Medicare Advantage, NaviCare and PACE under policy section).

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.