



## 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 follows guidance from the Centers for Medicare and Medicaid Services (CMS) for organization (coverage) determinations for Medicare Advantage 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, LCA or manual guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations.

Medicare has an NCD for Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee (150.9). Per NCD 150.9, effective June 11, 2004, arthroscopic lavage alone for osteoarthritis of the knee is not reasonable and necessary and therefore is not covered by Medicare. Also per NCD 150.9, effective June 11, 2004, arthroscopic debridement is not reasonable and necessary and therefore is not covered by Medicare for beneficiaries presenting with knee pain only or with severe osteoarthritis (Outerbridge classification III or IV). All other indications for debridement for beneficiaries without severe osteoarthritis of the knee who present with symptoms other than pain will remain at contractor discretion. National Government Service, Inc., the Medicare Administrative Contractor (MAC) with jurisdiction in our service area has an LCA Billing and Coding: Arthroscopic Lavage And Arthroscopic Debridement for the Osteoarthritic Knee – Medical Policy Article (A52369).

For plan members enrolled in NaviCare, Fallon Health follows Medicare guidance for coverage determinations. In the event that there is no Medicare guidance or if the plan member does not meet medical necessity criteria in Medicare guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations for NaviCare members. Fallon Health's Clinical Coverage Criteria are developed in accordance with the definition of Medical Necessity in 130 CMR 450.204.

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

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Fallon Health Clinical Coverage Criteria are used to determine medical necessity for arthroscopy for osteoarthritis of the knee for MassHealth ACO members. Fallon Health Clinical Coverage Criteria are developed in accordance with the definition of Medical Necessity in 130 CMR 450.204.

### **Part I. Fallon Health Clinical Coverage Criteria**

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 and NaviCare plan members**

Fallon Health follows Medicare National Coverage Determination (NCD) for Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee (150.9) and National Government Services, Inc. Local Coverage Article (LCA) Billing and Coding: Arthroscopic Lavage and

Arthroscopic Debridement for the Osteoarthritic Knee – Medical Policy Article (A52369) when making coverage determinations for Medicare plan members.

Links to NCD and LCA:

[Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee \(150.9\) Billing and Coding: Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee – Medical Policy Article \(A52369\)](#)

Per Medicare National Coverage Determination (NCD) for Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee (150.9), 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.)

Per National Government Services, Inc. LCA Billing and Coding: Arthroscopic Lavage And Arthroscopic Debridement for the Osteoarthritic Knee – Medical Policy Article A52369, arthroscopic debridement may be considered medically necessary for the subpopulation of patients 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.

Fallon Health requires submission of operative notes and reports of standing x-rays to determine medical necessity for arthroscopic debridement for plan members meeting the criteria (1-3) listed above.

## Exclusions

- Fallon Health excludes 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.

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
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

Claims for CPT 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879 and HCPCS G0289 will deny vendor liable when submitted with one of the ICD-10-CM codes listed in the table below as the primary diagnosis.

ICD-10-CM	Description
M15.0	Primary generalized (osteo)arthritis
M15.1	Heberden's nodes (with arthropathy)
M15.2	Bouchard's nodes (with arthropathy)
M15.3	Secondary multiple arthritis
M15.4	Erosive (osteo)arthritis
M15.8	Other polyosteoarthritis
M15.9	Polyosteoarthritis, unspecified
M16.0	Bilateral primary osteoarthritis of hip
M16.10	Unilateral primary osteoarthritis, unspecified hip
M16.11	Unilateral primary osteoarthritis, right hip
M16.12	Unilateral primary osteoarthritis, left hip
M16.2	Bilateral osteoarthritis resulting from hip dysplasia
M16.30	Unilateral osteoarth resulting from hip dysplasia, unsp hip
M16.31	Unilateral osteoarth resulting from hip dysplasia, right hip
M16.32	Unilateral osteoarth resulting from hip dysplasia, left hip
M16.4	Bilateral post-traumatic osteoarthritis of hip
M16.50	Unilateral post-traumatic osteoarthritis, unspecified hip
M16.51	Unilateral post-traumatic osteoarthritis, right hip
M16.52	Unilateral post-traumatic osteoarthritis, left hip
M16.6	Other bilateral secondary osteoarthritis of hip
M16.7	Other unilateral secondary osteoarthritis of hip
M16.9	Osteoarthritis of hip, unspecified
M17.0	Bilateral primary osteoarthritis of knee
M17.10	Unilateral primary osteoarthritis, unspecified knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee

M17.30	Unilateral post-traumatic osteoarthritis, unspecified 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
M18.0	Bilateral primary osteoarth of first carpometacarp joints
M18.10	Unil prim osteoarth of first carpometacarp joint, unsp hand
M18.11	Unil primary osteoarth of first carpometacarp joint, r hand
M18.12	Unil primary osteoarth of first carpometacarp joint, l hand
M18.52	Oth unil sec osteoarth of first carpometacarp joint, l hand
M18.9	Osteoarthritis of first carpometacarpal joint, unspecified
M19.011	Primary osteoarthritis, right shoulder
M19.012	Primary osteoarthritis, left shoulder
M19.019	Primary osteoarthritis, unspecified shoulder
M19.021	Primary osteoarthritis, right elbow
M19.022	Primary osteoarthritis, left elbow
M19.029	Primary osteoarthritis, unspecified elbow
M19.031	Primary osteoarthritis, right wrist
M19.032	Primary osteoarthritis, left wrist
M19.039	Primary osteoarthritis, unspecified wrist
M19.041	Primary osteoarthritis, right hand
M19.042	Primary osteoarthritis, left hand
M19.049	Primary osteoarthritis, unspecified hand
M19.071	Primary osteoarthritis, right ankle and foot
M19.072	Primary osteoarthritis, left ankle and foot
M19.079	Primary osteoarthritis, unspecified ankle and foot
M19.09	Primary osteoarthritis, other specified site
M19.111	Post-traumatic osteoarthritis, right shoulder
M19.112	Post-traumatic osteoarthritis, left shoulder
M19.119	Post-traumatic osteoarthritis, unspecified shoulder
M19.121	Post-traumatic osteoarthritis, right elbow
M19.122	Post-traumatic osteoarthritis, left elbow
M19.129	Post-traumatic osteoarthritis, unspecified elbow
M19.141	Post-traumatic osteoarthritis, right hand
M19.142	Post-traumatic osteoarthritis, left hand
M19.149	Post-traumatic osteoarthritis, unspecified hand
M19.171	Post-traumatic osteoarthritis, right ankle and foot
M19.172	Post-traumatic osteoarthritis, left ankle and foot
M19.179	Post-traumatic osteoarthritis, unspecified ankle and foot
M19.19	Post-traumatic osteoarthritis, other specified site

M19.211	Secondary osteoarthritis, right shoulder
M19.212	Secondary osteoarthritis, left shoulder
M19.219	Secondary osteoarthritis, unspecified shoulder
M19.221	Secondary osteoarthritis, right elbow
M19.222	Secondary osteoarthritis, left elbow
M19.229	Secondary osteoarthritis, unspecified elbow
M19.231	Secondary osteoarthritis, right wrist
M19.232	Secondary osteoarthritis, left wrist
M19.239	Secondary osteoarthritis, unspecified wrist
M19.241	Secondary osteoarthritis, right hand
M19.242	Secondary osteoarthritis, left hand
M19.249	Secondary osteoarthritis, unspecified hand
M19.271	Secondary osteoarthritis, right ankle and foot
M19.272	Secondary osteoarthritis, left ankle and foot
M19.279	Secondary osteoarthritis, unspecified ankle and foot
M19.29	Secondary osteoarthritis, other specified site
M19.90	Unspecified osteoarthritis, unspecified site
M19.91	Primary osteoarthritis, unspecified site
M19.92	Post-traumatic osteoarthritis, unspecified site
M19.93	Secondary osteoarthritis, unspecified site

## References

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## Policy history

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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), 06/22/2021 (annual review; 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.*