

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

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.

Exclusions

- Fallon Health excludes arthroscopy to treat the diagnosis of osteoarthritis of the knee.

Codes

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

ICD-10-CM

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| 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 osteoarthritis resulting from hip dysplasia, unspecified hip |
| M16.31 | Unilateral osteoarthritis resulting from hip dysplasia, right hip |
| M16.32 | Unilateral osteoarthritis 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 |

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| 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 osteoarthritis of first carpometacarpal joints |
| M18.10 | Unilateral primary osteoarthritis of first carpometacarpal joint, unspecified hand |
| M18.11 | Unilateral primary osteoarthritis of first carpometacarpal joint, right hand |
| M18.12 | Unilateral primary osteoarthritis of first carpometacarpal joint, left hand |
| M18.52 | Other unilateral secondary osteoarthritis of first carpometacarpal joint, left 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 |
| M19.111 | 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 |
| M19.211 | 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 |

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| M19.271 | Secondary osteoarthritis, right ankle and foot |
| M19.272 | Secondary osteoarthritis, left ankle and foot |
| M19.279 | Secondary osteoarthritis, unspecified ankle and foot |
| M19.90 | Unspecified osteoarthritis, unspecified site |
| M19.91 | Primary osteoarthritis, unspecified site |
| M19.92 | Post-traumatic osteoarthritis, unspecified site |
| M19.93 | Secondary osteoarthritis, unspecified site |

| Code type | Code | Description |
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| CPT | 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 |
| HCPCS | 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 |

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Policy History

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| 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) |

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.