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 meniscectomy, 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

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
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
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

<table>
<thead>
<tr>
<th>Code type</th>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>CPT</td>
<td>29870</td>
<td>Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)</td>
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<tr>
<td></td>
<td>29871</td>
<td>Arthroscopy, knee, surgical; for infection, lavage and drainage</td>
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<td>29873</td>
<td>Arthroscopy, knee, surgical; with lateral release</td>
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<tr>
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<td>29874</td>
<td>Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)</td>
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<tr>
<td></td>
<td>29875</td>
<td>Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)</td>
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<td>29876</td>
<td>Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (e.g., medial or lateral)</td>
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<td></td>
<td>29877</td>
<td>Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)</td>
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<td>29879</td>
<td>Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture</td>
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<tr>
<td>HCPCS</td>
<td>G0289</td>
<td>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</td>
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</table>

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


Policy History

Origination date: 05/01/2009
Approval(s):

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.