

MEDICAL POLICY

Knee Arthroscopy



GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION

Knee arthroscopy is a surgical technique utilized to diagnose and treat problems of the knee joint. An arthroscopic knee surgery allows the direct visualization of the interior joint space. This involves several small incisions around the joint and inserting a small camera allowing visualization inside the knee as well as inserting small instruments to correct problems identified, such as repairing the knee or removing damaged tissue. Arthroscopy can be used to clear debris from the joint or to trim loose cartilage or torn parts of the menisci.

The American College of Rheumatology defines a patient diagnosis of osteoarthritis of the knee as presenting with pain, and meeting at least five of the following criteria:

- Over 50 years of age;
- Less than 30 minutes of morning stiffness;
- Crepitus (noisy, grating sound) on active motion;
- Bony tenderness;
- Bony enlargement;
- No palpable warmth of synovium;
- ESR<40mm/hr.;
- Rheumatoid Factor <1:40; or,
- Synovial fluid signs

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 of fissuring in an area <1cm. Grade III presents clinically with cartilage fragmentation or fissuring in an area >1cm. Grade IV refers to cartilage erosion down to the bone. Grades III and IV are characteristic of severe osteoarthritis.).

The prevalence of knee osteoarthritis, which can involve wear and tear of the menisci as well as the cartilage that lines the bone, is increased with age. Most organizations have recommendations against arthroscopy for patients solely with arthritis that can be seen through an X-ray. Many studies have now shown that long lasting outcomes from arthroscopic surgery for osteoarthritis and degenerative meniscal tears are no better than the outcomes from placebo (fake) surgery or other treatments (such as physical and exercise therapy).

POLICY

HMO, PPO, Individual Marketplace, Advantage

Knee Arthroscopy: procedures 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, require a prior authorization as of 10/1/2019.

Elite

Procedures 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, Do not require a prior authorization when the established criteria is met through 12/31/2019.

Effective 1/1/2020 procedures 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, require a prior authorization

Medical records must reflect appropriate documentation and be provided upon request.

HMO, PPO, Individual Marketplace, Elite, Advantage

Criteria:

Diagnostic Arthroscopy is considered medically indicated as a stand-alone procedure when the following criteria have been met:

- Function-limiting pain (e.g., loss of knee function which interferes with the ability to carry out age appropriate activities of daily living and/or demand of employment) for at least six (6) months in duration; **And**
- One of the following physical examination findings: **And**
 - Limited range of motion
 - Pain with range of motion
 - Joint Pain
 - Evidence of joint swelling/effusion
 - Joint line tenderness
 - Crepitus
- Evidence of ligamentous instability: **And**
- Mechanical symptoms such as locking, giving way or catching of the knee due to loose bodies: **And**
- Failure of provider-directed non-surgical management (i.e. physical therapy, NSAIDs or acetaminophen and possibly injections and activity modifications) for at least three (3) months in duration; **And**
- Absence of osteoarthritic changes on weight-bearing anterior-posterior (AP) and weight-bearing posterior-anterior (PA) with 45 degrees of knee flexion (Rosenberg) radiographic views; **And**
- X-ray and MRI or CT or arthrogram nondiagnostic for etiology of symptoms or findings; **And**
- Diagnostic Arthroscopy is considered not medically necessary for any other indication or condition.

Arthroscopic Chondroplasty is considered medically indicated when the following criteria have been met:

- One of the following findings: **And**
 - Joint pain
 - Reports of the knee “giving way” during activities involving knee rotation (e.g., pivoting, turning corners).
- One of the following findings: **And**
 - Limited ROM
 - Crepitus
 - Joint effusion or swelling
- No severe degenerative changes in bone or cartilage by imaging; **And**
- Failure of provider-directed non-surgical management (i.e. physical therapy, NSAIDs or acetaminophen and possibly injections and activity modifications) for at least three (3) months in duration; **And**
- Continued symptoms or findings after treatment.

Arthroscopic exploration for post penetrating joint injury is considered medically indicated.

Arthroscopic Lateral Release is considered medically indicated when the following criteria have been met:

- One of the following findings: **And**
 - Patellar or peripatellar pain
 - Retropatellar crepitus
- All of the following findings: **And**
 - Excessive or abnormal lateral patellar tilt by physician examination or imaging
 - No or minimal changes of patellofemoral articular surfaces by imaging
- Failure of provider-directed non-surgical management (i.e. physical therapy, NSAIDs or acetaminophen and possibly injections and activity modifications) for at least three (3) months in duration; **And**
- Continued symptoms or findings after treatment.

Arthroscopic lavage of joint with joint aspirate diagnostic for infection is considered medically indicated.

Arthroscopic Lavage with and without Debridement (Chondroplasty)/Loose Body/Foreign Body Removal Arthroscopy is considered medically indicated when the following criteria have been met:

- Presence of mild to moderate (Outerbridge classification Grade 1 or II) osteoarthritis changes: **And**
- Severe function-limiting/disabling pain **And**
- Loss of knee function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment; **And**

- MRI demonstrates articular cartilage degeneration and ANY of the following conditions: **And**
 - Loose bodies within the joint
 - Unstable flaps of articular cartilage
 - Frank meniscal tear in conjunction with articular cartilage degeneration
 - Impinging osteophytes, which would be reasonable expected to result in mechanical symptoms and loss of knee joint function
- Individual reports pain and ANY one of the following subjective complaints: **And**
 - Knee range of motion is “blocked” due to pain
 - Giving way weakness/buckling of the knee
 - Painful locking, clicking or popping during weight bearing activities
- Failure of non-surgical management for at least three (3) months in duration.
Arthroscopic lavage with or without condroplast is considered not medically necessary for osteoarthritis of the knee unless the above listed criteria are met.

The clinical effectiveness of arthroscopic lavage and arthroscopic debridement for the severe osteoarthritic knee has not been verified by scientifically controlled studies.

Paramount considers arthroscopic debridement and lavage of the knee in the presence of severe osteoarthritis (Grade III or IV) as investigational and Not Covered as research benefit has not been established in these patients. Paramount considers arthroscopic debridement and lavage as a treatment for osteoarthritis of the knee in the absence of mechanical symptoms not medically necessary.

Arthroscopic removal or stabilization of Intra-articular osteochondral lesion or loose body is considered medically indicated when the following criteria have been met:

- Symptomatic intra-articular osteochondral lesion or loose body by imaging

Arthroscopic resection or repair of stable meniscal tear is considered medically indicated when the following criteria have been met:

- Two of the following findings: **And**
 - Joint effusion
 - Joint line tenderness
 - Pain with flexion and rotation
 - Reports of the knee “giving way” during activities involving knee rotation
- Isolated meniscal tear by imaging: **And**
- Failure of provider-directed non-surgical management (i.e. physical therapy, NSAIDs or acetaminophen and possibly injections and activity modifications) for at least three (3) months in duration; **And**
- Continued symptoms or findings after treatment.

Arthroscopic resection or repair of unstable meniscal tear is considered medically indicated when the following criteria have been met:

- One of the following findings: **And**
 - Knee locking by history or physical examination
 - McMurray test positive
- One of the following findings: **And**
 - Isolated meniscal tear by imaging
 - Advanced imaging not feasible due to knee in locked position

Arthroscopic Synovectomy (limited) is considered medically indicated when the following criteria have been met:

- One of the following findings: **And**
 - Joint pain
 - Reports of the knee “giving way” during activities involving knee rotation
- All of the following findings: **And**
 - Tenderness over suspected plica
 - Imaging nondiagnostic for etiology of symptoms or findings
- Failure of provider-directed non-surgical management (i.e. physical therapy, NSAIDs or acetaminophen and possibly injections and activity modifications) for at least three (3) months in duration; **And**
- Continued symptoms or findings after treatment.

Arthroscopic Synovectomy (major) is considered medically indicated when the following criteria have been met:

- All of the following findings: **And**
 - Joint pain
 - Limited ROM
 - Joint effusion or swelling
- No or minimal degenerative changes in bone or cartilage by imaging: **And**
- Failure of provider-directed non-surgical management (i.e. physical therapy, NSAIDs or acetaminophen and possibly injections and activity modifications) for at least three (3) months in duration; **And**
- Continued symptoms or findings after treatment.

Paramount utilizes InterQual® criteria sets for medical necessity determinations.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODE	
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 (EG, OSTEOCHONDritis DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, 2 OR MORE COMPARTMENTS (EG, 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
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S), WHEN PERFORMED
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S), WHEN PERFORMED
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERNAL FIXATION (INCLUDING DEBRIDEMENT OF BASE OF LESION)
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION WITH INTERNAL FIXATION
29999	Unlisted procedure, arthroscopy

REVISION HISTORY EXPLANATION

12/01/19: Medical Policy revised to include the Elite Product requiring a prior authorization as of 1/1/2020.

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid <http://ifs.ohio.gov/>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

