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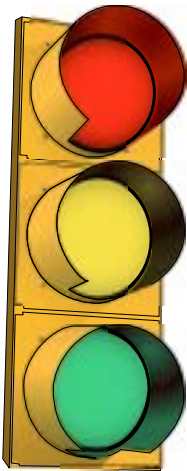
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Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee

Provider Types Affected

All Medicare physicians and providers

Provider Action Needed



STOP – Impact to You

Medicare has issued a national coverage determination (NCD) related to the arthroscopic lavage and arthroscopic debridement for the Osteoarthritic knee.

CAUTION – What You Need to Know

The Centers for Medicare & Medicaid Services (CMS) has issued an NCD stating that (1) arthroscopic lavage alone for treatment of osteoarthritis of the knee, (2) arthroscopic debridement for presentation of knee pain only, or (3) arthroscopic debridement and lavage with or without debridement, for patients with severe osteoarthritis of the knee are now nationally **non-covered**. All other indications of debridement for patients without severe osteoarthritis of the knee who present with symptoms other than pain alone are at the discretion of the Medicare contractor (carrier or intermediary).

GO – What You Need to Do

Be aware of this NCD and its impact on the services you provide.

Background

Arthroscopy is a surgical procedure that allows the direct visualization of the interior joint space. In addition to providing visualization, arthroscopy enables the process of joint cleansing through the use of lavage or irrigation. Lavage alone may involve either large or small volume saline irrigation of the knee by arthroscopy. Although generally performed to reduce pain and improve function, current practice does not recognize the benefit of lavage alone for the reduction of mechanical symptoms.

Arthroscopy also permits the removal of any loose bodies from the interior joint space, a procedure termed debridement. Debridement, when used alone or not otherwise specified, may include low-volume lavage or

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washout. Osteoarthritis is a chronic and painful joint disease caused by degeneration. 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 year 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; and
- Synovial fluid signs.

Because the clinical effectiveness of arthroscopic lavage and arthroscopic debridement for the severe arthritic knee has not been verified by scientifically controlled studies and after thorough discussions with clinical investigators, the orthopedic community, and other interested parties, CMS issued this NCD.

In this NCD, CMS determines that the following procedures are not considered reasonable or necessary in treatment of the osteoarthritic knee and are not covered by the Medicare program:

- Arthroscopic lavage used alone for the osteoarthritic knee;
- Arthroscopic debridement for osteoarthritic patient 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 grade. 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. Grade III and IV are characteristic of severe osteoarthritis.

Other than the above non-covered indications for arthroscopic lavage and/or arthroscopic debridement of the osteoarthritic knee, all other indications of debridement for patients without severe osteoarthritis of the knee who present with symptoms other than pain alone, remain at the discretion of the local carrier or intermediary. In order to determine coverage in such cases, the carrier or intermediary may require submission of one or all of the following documents:

- Operative notes;
- Reports of standing x-rays; and/or
- Arthroscopy results.

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Additional Information

This is a revision of Chapter 1 section 150.9 of Pub. 100-03, the Medicare National Coverage Determination Manual. The NCDs are binding on all Medicare carriers, fiscal intermediaries, quality improvement organizations, health maintenance organizations, competitive medical plans, and health care prepayment plans.

Under 42 CFR 422.256(b), an NCD that expands coverage is also binding on a Medicare+Choice Organizations. In addition, an administrative law judge may not review an NCD. (See 1869(f) (1) (A) (i) of the Social Security Act). To view the actual NCD issued by CMS, go to:

http://www.cms.hhs.gov/manuals/pm_trans/R14NCD.pdf

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