

Department:	Medical Management	Original Approval:	12/24/2015
Policy #:	MM127	Last Approval:	01/04/2019
Title:	Arthroscopic Debridement or Lavage of Osteoarthritic Knee		
Approved By:	UM Committee		

BACKGROUND

Detailed evidence reviews have been performed both by CMS and the Washington Healthcare Authority Health Technology Assessment Program.

Community Health Plan of Washington utilizes the WA Healthcare Authority Health Technology Assessment reviews for coverage of procedures for WA Apple Health enrollees. CHPW uses Medicare NCD's and LCD's for coverage of procedures for Medicare Advantage enrollees. CHPW uses the current edition of MCG when there are no Health Technology Assessment reviews or when there is no applicable Medicare NCD or LCD.

DEFINITIONS

None.

INDICATIONS/CRITERIA

Medicaid Members	<i>Continue to criteria for approval below.</i>
Medicare Members	

WA APPLE HEALTH:

Per WA HCA Technology Clinical Committee Final Coverage Decision 20090915B, Knee Arthroscopy for osteoarthritis of the knee is **not a covered benefit**. This decision does not apply to use of knee arthroscopy for other diagnostic and therapeutic purposes.

[http://www.hca.wa.gov/assets/program/decision_finding_knee_final\[1\].pdf](http://www.hca.wa.gov/assets/program/decision_finding_knee_final[1].pdf)

CHPW uses the current edition of MCG for clinical coverage review for other indications for knee arthroscopy.

MEDICARE ADVANTAGE:

Per Medicare NCD 150.9, the clinical effectiveness of arthroscopic lavage and arthroscopic debridement for the severe osteoarthritic knee has not been verified by scientifically controlled studies. Therefore

CMS has determined that these procedures are not considered reasonable or necessary in treatment of the osteoarthritic knee and are **not covered** by the Medicare program.

<https://med.noridianmedicare.com/web/jea/policies/ncd/arthroscopic-lavage-and-arthroscopic-debridement-for-osteoarthritic-knees>

CHPW uses the current edition of MCG for clinical coverage review for other indications for knee arthroscopy.

SPECIAL CONSIDERATIONS

None.

LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON APPLE HEALTH	http://chpw.org/our-plans/apple-health/
INTEGRATED MANAGED CARE	http://chpw.org/our-plans/apple-health/

Citations & References

CFR	
WAC	
RCW	
Contract Citation	<input checked="" type="checkbox"/> WAH 11.2.9 Utilization Management General Requirements <input type="checkbox"/> IMC <input checked="" type="checkbox"/> MA
Other Requirements	
NCQA Elements	

Revision History

Revision Date	Revision Description	Revision Made By
12/03/2015	Initial policy developed	Kate Brostoff MD
12/24/2015	Approval	MMLT
01/20/2017	Added link; minor editing	Cyndi Stilson, RN
01/30/2017	Approval	MMLT
01/17/2018	Links checked; minor editing Removal of sentence stating that all knee arthroscopies require PA. Former UM policy was converted into MM Clinical Coverage Criteria.	LuAnn Chen, MD
02/09/2018	Approval	MMLT
01/03/2019	Reviewed, no changes	LuAnn Chen, MD
01/04/2019	Approved	UM Committee