



Related MLN Matters Article #: MM3281

Date Posted: June 28, 2004

Related CR #: 3281

Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee

Key Words

MM3281, CR3281, R14NCD, NCD, Arthroscopic, Lavage, Arthroscopic, Debridement, Osteoarthritic, Knee

Provider Types Affected

All Medicare physicians and providers

Key Points

- The effective date for the instruction is June 11, 2004.
- The implementation date is July 11, 2004.
- Arthroscopy is a surgical procedure that allows the direct visualization of the interior joint space, enables the process of joint cleansing through the use of lavage or irrigation, and permits the removal of any loose bodies from the interior joint space (debridement).
- Because the clinical effectiveness of arthroscopic lavage and arthroscopic debridement for the severe arthritic knee has not been verified by scientifically controlled studies, the Centers for Medicare & Medicaid Services (CMS) has issued an national coverage determination (NCD) stating that the following procedures for the osteoarthritic knee are now nationally non-covered:
 - 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.
- 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.
- 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

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3281.pdf> on the CMS website.

The official instruction (CR3281) issued is located at

<http://www.cms.hhs.gov/Transmittals/downloads/R14NCD.pdf> on the CMS website.

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, affected providers should go to <http://www.cms.hhs.gov/Transmittals/downloads/R14NCD.pdf> on the CMS website.

If providers have any questions, they may contact their fiscal intermediary/carrier at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.