

# Hip, Knee and Shoulder Arthroscopic Surgeries



INDEPENDENT CARE HEALTH PLAN

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## Medicare Advantage Medical Coverage Policy

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#### Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

## Related Medical/Pharmacy Coverage Policies

None

## Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative	Applicable States/Territories
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			Contractors (MACs)	
NCD	Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee	<a href="#">150.9</a>		
LCA	Billing and Coding: Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee- Medical Policy Article	<a href="#">A52369</a>	J6 - National Government Services, Inc. (Part A/B MAC)  JK - National Government Services, Inc. (Part A/B MAC)	IL, MN, WI  CT, NY, ME, MA, NH, RI, VT
LCA	Billing and Coding: Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee	<a href="#">A54061</a>	JE - Noridian Healthcare Solutions, LLC	CA, HI, NV, American Samoa, Guam, Northern Mariana Islands
LCA	Billing and Coding: Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee	<a href="#">A54063</a>	JF - Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
LCA	Billing and Coding: Thermal Capsulorrhaphy	<a href="#">A53435</a>	JJ - Palmetto GBA (Part A/B MAC)  JM - Palmetto GBA (Part A/B MAC)	AL, GA, TN  NC, SC, VA, WV

## Description

**Arthroscopy** is a minimally invasive surgical procedure used to examine, diagnose and treat joints. Arthroscopic surgery involves the insertion of an arthroscope and small surgical instruments through several small skin incisions into the joint for examination, shaving of bone spurs or removal of damaged cartilage as needed. These surgical procedures, previously performed through a large open incision, can now be done with smaller incisions and with a reduction in tissue damage while still performing the critical element of the surgery.

The advantages of arthroscopic surgery include reduced postoperative morbidity, smaller incisions, less intense inflammatory response, improved visualization, reduced length of hospital stay and reduced complication rate. Arthroscopy also enables the surgeon to perform procedures that are difficult or impossible to perform through open arthrotomy. Disadvantages of arthroscopy include that the equipment required can be extensive and expensive.

**Arthroscopic hip surgery** gives the surgeon access to the central compartment which includes the articular surfaces of the femoral head and acetabulum, labrum and ligamentum teres as well as the peripheral compartment which includes the femoral neck, the surrounding capsule and synovium.

**Knee arthroscopic techniques** have been used in the United States since the early 1970's as both diagnostic and therapeutic procedures to treat various disorders of the knee joint. The role of this procedure expanded greatly and was one of the first minimally invasive procedures that became available to orthopedic surgeons. Arthroscopy of the knee can be done as the essential initial step before proceeding to operative arthroscopy or open arthrotomy.

**Shoulder arthroscopy** was developed in the mid-1980's as a technique to treat shoulder disorders. Sports medicine, arthroscopic instruments and techniques rapidly expanded the role of arthroscopic surgery to treat intra-articular as well as extra-articular shoulder disorders.

**Subacromial tissue spacer system** is a minimally invasive, shoulder spacer or balloon intended to be used as a temporary barrier between the humeral head and acromion or rotator cuff in individuals with massive rotator cuff tears (MRCTs). Purportedly, the spacer reduces friction and allows smooth gliding between acromion and the humeral head, therefore reducing pain and restoring joint function. The device is resorbed within 12 to 15 months. An example of a US Food & Drug Administration (FDA) approved spacer is the **InSpace** subacromial tissue spacer system.

**Thermal capsular shrinkage**, also known as thermal capsulorrhaphy, utilizes thermal energy/heat to shrink the tendons or ligaments of the synovial joint. Thermal capsulorrhaphy purportedly increases stability of the joint. It is theorized that when heat is applied to the tissue a molecular change occurs to the structure of collagen (the chief component of connective tissue, tendons and bones) causing the length of the collagen to shrink and tighten.

Examples of thermal capsular shrinkage devices include, but may not be limited to:

- **ArthroCare** system **2000 CAPS X ArthroWand**
- **ORA-50** electrothermal system and accessories
- **VULCAN EAS** electrothermal arthroscopy system and accessories
- **VAPR II** electrosurgical system (**Refer to Coverage Limitations section**)

**Needle arthroscopy** is a disposable minimally invasive diagnostic and therapeutic arthroscopy system that may be utilized in a physician's office using local anesthesia, hospital bedside, surgical suite or treatment room. Needle arthroscopic systems purportedly are alternatives to MRI imaging or repeat arthroscopy. Systems include a camera handpiece and separate liquid crystal display (LCD) monitor attached via cable to display real time video while some systems may include additional instruments for therapeutic procedures such as extraction, injection and resection. Examples of needle arthroscopy systems that are FDA-approved are the **Nanoscope**, **mi-eye**, **mi-eye 2**, **mi-eye 3 needlescope** or **Visionscope**.

*iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.*

Please refer to the above CMS guidance for **Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee** and **Thermal Capsulorrhaphy**.

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:*

[Hip, Knee and Shoulder Arthroscopic Surgeries](#)

*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*

**Coverage Limitations**

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

**Coding Information**

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
23929	Unlisted procedure, shoulder	
27299	Unlisted procedure, pelvis or hip joint	
27599	Unlisted procedure, femur or knee	
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	

29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	
29863	Arthroscopy, hip, surgical; with synovectomy	
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	
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	
29916	Arthroscopy, hip, surgical; with labral repair	

29999	Unlisted procedure, arthroscopy	
<b>CPT® Category III Code(s)</b>	<b>Description</b>	<b>Comments</b>
No code(s) identified		
<b>HCPCS Code(s)</b>	<b>Description</b>	<b>Comments</b>
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	<b>Not Covered</b>
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	<b>Not Covered</b>

## References

- Centers for Medicare & Medicaid Services (CMS). Local Determination Article (LCA). Billing and Coding: Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee-Medical Policy Article (A52369). <https://www.cms.gov>. Published October 1, 2015. Updated May 7, 2020. Accessed November 7, 2023.
- Centers for Medicare & Medicaid Services (CMS). Local Determination Article (LCA). Billing and Coding: Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee (A54061). <https://www.cms.gov>. Published October 1, 2015. Updated April 9, 2018. Accessed November 7, 2023.
- Centers for Medicare & Medicaid Services (CMS). Local Determination Article (LCA). Billing and Coding: Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee (A54063). <https://www.cms.gov>. Published October 1, 2015. Updated April 9, 2018. Accessed November 7, 2023.
- Centers for Medicare & Medicaid Services (CMS). Local Determination Article (LCA). Billing and Coding: Thermal Capsulorrhaphy (A53435). <https://www.cms.gov>. Published October 1, 2015. Updated January 1, 2023. Accessed November 7, 2023.
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Arthroscopic lavage and arthroscopic debridement for the osteoarthritic knee (150.9). <https://www.cms.gov>. Published July 11, 2004. Accessed November 7, 2023.

## Change Summary

- 01/01/2024 New Policy.