



**BlueCross BlueShield
of Alabama**

Name of Blue Advantage Policy:
Disposable Arthroscopy

Policy #: 292
Category: Surgery

Latest Review Date: September 2019
Policy Grade: **Effective February 1, 2011. Active Policy but no longer scheduled for regular literature reviews and updates.**

Background/Definitions:

Blue Advantage medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:

1. *Safe and effective;*
2. *Not experimental or investigational*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
 - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
 - *Furnished in a setting appropriate to the patient's medical needs and condition;*
 - *Ordered and furnished by qualified personnel;*
 - *One that meets, but does not exceed, the patient's medical need; and*
 - *At least as beneficial as an existing and available medically appropriate alternative.*

Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill **Original Medicare for covered services that are related to **clinical trials** that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

Policy:

Effective for dates of service on or after October 17, 2006:

Blue Advantage will treat **disposable arthroscopy and/or needle arthroscopy (in-office arthroscopy)** used as a procedure to evaluate intra-articular joint pathology as a **non-covered** benefit and as **investigational**.

Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

Description of Procedure or Service:

Arthroscopy is an invasive procedure that is performed to substantiate a diagnosis of intra-articular joint pathology, and to surgically treat such pathology.

Disposable arthroscopy is usually performed in an office setting and uses a small, flexible, disposable arthroscope that is 1.6-1.7 mm in diameter. It operates with a fiber optic system. The articular contents are viewed via video equipment and a television monitor.

This device is intended to permit arthroscopy, mostly for the knee, in an office setting under local anesthesia.

The Inner Vue™ Diagnostic Scope System uses a small disposable diagnostic scope (outside diameter = 1.2 mm) with a single puncture wound. It provides digital images and can be used in place of or in conjunction with MRI.

The Micronix™ Surgical Corporation has a disposable micro-endoscope that is used by orthopedic surgeons who perform minimally invasive arthroscopy of the knee and other small joints.

Key Points:

The most recent literature review was updated through September 25, 2019.

Summary of Evidence

No new peer-reviewed published literature was located that would alter the coverage statement of this policy.

There are a few published studies that have compared the use of the smaller arthroscope to conventional arthroscopy in an office setting to evaluate the knee joint or other joints. The studies were small groups and the authors noted limitations of the smaller scopes. The study results also showed an overall underestimation and under-recognition of intra-articular knee pathologic changes by the optical catheter system. The authors concluded that using the optical

system to evaluate the knee in the office setting may result in a significant compromise in visual acuity, resulting in missed and incorrect diagnoses. The conventional arthroscopy is still the more reliable diagnostic method to evaluate intra-articular joint pathology.

Key Words:

Arthroscopy, disposable arthroscopy, needle arthroscopy, InnerVue™, optical catheter system, Mi-eye 2, in-office diagnostic arthroscopy, VisionScope

Approved by Governing Bodies:

Not applicable

Benefit Application:

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

Coding:

CPT Codes:

29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)

References:

1. Denti M, et al. *Comparison of catheter and conventional arthroscopy in the diagnosis of knee derangements.* Arthroscopy: The Journal of Arthroscopic and Related Surgery 1994, Vol. 10, No. 6.
2. Ike R, et al. *Detection of intra-articular abnormalities in osteoarthritis of the knee.* Arthritis and Rheumatism, October 1993, No. 10, pp. 1353-1363.
3. Meister K, et al. *Comparison of an optical catheter office arthroscope with a standard rigid rod-lens arthroscope in the evaluation of the knee.* The American Journal of Sports Medicine 1996, Vol. 24, No. 6, pp. 819-823.

Policy History:

Adopted for Blue Advantage, August 2006

Available for comment September 2-October 16, 2006

Medical Policy Group, March 2009

Medical Policy Group, No longer updated effective February 1, 2011

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.