Policy: NCCI Surgical Knee Procedures and Reimbursement

Purpose

The purpose of this Policy is to document payment policy for covered medical and surgical services and supplies. Health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement policy is not intended to impact care decisions or medical practice.

Providers are responsible for accurately, completely, and legibly documenting the services performed. The billing office is expected to submit claims for services rendered using valid codes. Claims should be coded appropriately according to industry standard coding guidelines (including, but not limited to, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS’ National Correct Coding Initiative (CCI) Policy Manual, CCI table edits, and other CMS guidelines).

Fee determinations will be based on the applicable provider contract language and WPS/Arise reimbursement policy. To the extent there are any conflicts between Reimbursement Policy and the provider contract language, the reimbursement policy language will prevail.

Overview

This reimbursement policy applies to services reported using both the UB-04 & the CMS1500 or its electronic equivalent. This policy applies to all products and all network and non-network physicians and other qualified health care professionals.

1. WPS/Arise/Aspirus Arise follows National Correct Coding Initiative (NCCI) indications which state CPT codes surgical knee arthroscopy for removal of loose body or foreign body and surgical knee arthroscopy for debridement/shaving of articular cartilage shall not be reported with other knee arthroscopy codes. With two exceptions, the HCPCS code surgical knee arthroscopy for removal of loose body, foreign body, debridement/shaving of articular cartilage at the time of other surgical knee arthroscopy in a different compartment of the same knee may be reported with other knee arthroscopy codes. Since CPT for surgical knee arthroscopy with meniscectomy including debridement/shaving of articular cartilage of same or separate compartment(s) include debridement/shaving of articular cartilage of any compartment, the HCPCS code may be reported with CPT codes for arthroscopy knee, surgical; with meniscectomy only if reported for removal of a loose body or foreign body from a different compartment of the same knee. The HCPCS code for arthroscopy for removal of loose body shall not be reported for removal of a loose body or foreign body or debridement/shaving of articular cartilage from the same compartment as another knee arthroscopic procedure.

2. Arthroscopic synovectomy of the knee may be reported with CPT codes for “limited synovectomy, separate procedure” or “major synovectomy of two or three compartments”. A synovectomy to “clean up” a joint on which another more extensive procedure is performed is not separately reportable and shall not be reported with another arthroscopic knee procedure on the ipsilateral knee.
3. A major synovectomy shall not be coded with a CPT code for knee arthroscopy, or medial AND lateral meniscectomy on the ipsilateral knee since knee arthroscopic procedures other than synovectomy are performed in two of the three knee compartments.

4. If an arthroscopic procedure is converted to an open procedure, only the open procedure may be reported. Neither a surgical arthroscopy nor a diagnostic arthroscopy code shall be reported with the open procedure code when a surgical arthroscopic procedure is converted to an open procedure.

5. WPS/Arise/Aspirus Arise considers removal of an infrapatellar fat pad to be incidental to any other arthroscopic knee surgery.