Policy Name: Tidal Knee Lavage for Osteoarthritis
Current Policy Effective Date: 8/1/2016

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid and MinnesotaCare members, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy
Tidal knee lavage is investigative and therefore NOT COVERED.

Note: This policy is no longer scheduled for routine review of the scientific literature.

Description
Tidal knee lavage is a palliative procedure used in the treatment of painful osteoarthritis. It involves the arthroscopic introduction of saline into the knee for the purposes of lavage and gentle debridement.

Tidal knee lavage involves perfusion of a knee joint with sterile saline under anesthetic using a wide bore needle or small bore arthroscope. This procedure, which is purported to relieve pain and improve function, is believed to produce these effects by disrupting intra-articular adhesions and removing debris, cytokines, and calcium phosphate crystals from the knee joint. This procedure is most often performed in the outpatient surgical setting.

FDA Approval
Tidal knee lavage is a procedure, and therefore is not regulated by the FDA. However, multiple arthroscopic instruments have been granted FDA approval for arthroscopic treatment of the knee.

Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.
Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes
27599 - Unlisted procedure, femur or knee

Original Effective Date: 12/1/2002
Re-Review Date(s): 3/25/2004
2/27/2007
6/1/2010
8/1/2013
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