NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Policy title	**Knee arthroscopy, arthroscopic surgery and arthroscopic washout for osteoarthritis** **V3.0**
Policy position	**Criteria Based Access: Arthroscopy and arthroscopic surgery** **Intervention Not Normally Funded: Arthroscopic washout for osteoarthritis**
Date of Forum recommendation	**December 2019**
Date of ICB recommendation	**June 2021, updated November 2023.**

1. Knee pain with suspected osteoarthritis (OA)

The diagnosis of knee OA can be effectively made in primary care based upon the patient's history and physical examination. In particular, NICE recommends diagnosing osteoarthritis clinically, and without investigations, in patients who:

- Are 45 or over AND
- Have activity-related joint pain AND
- Have either no morning joint-related stiffness or morning stiffness that lasts no longer than 30 minutes.

In primary care, where clinical assessment is suggestive of knee OA, imaging is not usually necessary. If imaging is required than weight bearing radiographs are the first-line of investigation. Patients with persistent symptoms should, after three to four months, be referred to secondary care and should have imaging of the knee to investigate for OA and/or other pathology.

Where imaging is necessary the first-line investigation of potential knee OA is weight bearing plain radiography. If the patient has a pattern of disease that allows surgical treatment to be adequately planned with plain radiographs, then MRI is not required.

It is important to exclude other diagnoses in some cases where there may be atypical features which may indicate alternative or additional diagnoses such as:

- A history of trauma
- History of cancer or corresponding risk factors
- Prolonged morning joint-related stiffness
- Rapid worsening of symptoms
- The presence of a hot swollen joint.

Important differential diagnoses include gout, other inflammatory arthritides (for example, rheumatoid arthritis), septic arthritis and malignancy (bone pain).

Arthroscopic washout for OA

As per national guidance, referral for arthroscopic knee washout (lavage and debridement) is **not normally funded** for, or as part of, a treatment for osteoarthritis.

NHS England Evidence based Interventions (EBI) statement (2019) notes that arthroscopic knee washout should not be used as a treatment for osteoarthritis because it is clinically ineffective. More effective treatment includes exercise programmes, losing weight (if necessary) and managing pain. Osteoarthritis is relatively common in older age groups. Where symptoms do not resolve after nonoperative treatment, referral for consideration of knee replacement, or joint preserving surgery such as osteotomy is appropriate.

Referral for arthroscopic lavage and debridement should not be offered as part of treatment for osteoarthritis, unless the person has knee osteoarthritis with a clear history of mechanical locking (as opposed to morning joint stiffness, 'giving way' or X-ray evidence of loose bodies).

2. Non-osteoarthritic conditions of the knee

Knee arthroscopy can be undertaken where an MRI scan has demonstrated clear evidence of an internal joint derangement (i.e., ligament rupture or loose body) and where conservative treatment has failed or where it is clear that conservative treatment will not be effective. Knee arthroscopy is thereby carried out for at least one of the following clinical indications:

- Removal of loose body that is causing significant symptoms.
- Management of meniscal tear as per British Association for Surgery of the Knee (BASK) guideline. Flow chart in Appendix 1.
- Ligament reconstruction / repair (including lateral release).
- Synovectomy.

Knee arthroscopy is **not normally funded** for the following indications:

- As a primary diagnostic tool. MRI should usually be conducted before arthroscopy in non-osteoarthritic conditions.

3. MRI for knee pain without suspected OA

MRI is the examination of choice for the investigation of suspected ligament or meniscal injury. Advantages of MRI are that it is non-invasive, it does not use ionizing radiation and it provides images of soft-tissue structures. It is a well-proven and widely accepted test, with a high sensitivity for detecting meniscal and cruciate ligament injuries.

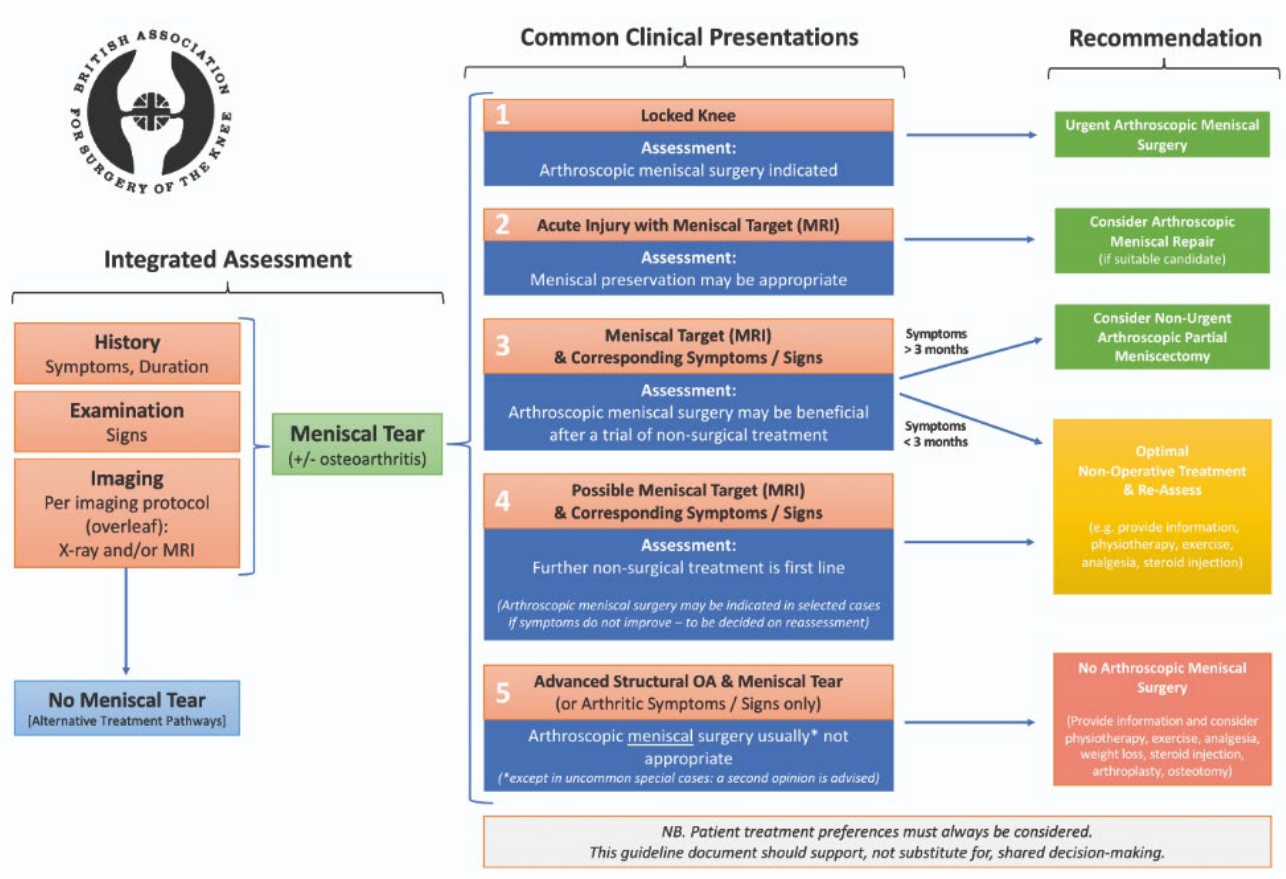
MRI should be used in patients in whom arthroscopy is being considered, as a significant number of unnecessary arthroscopies may be prevented when preceded by an MRI examination.

MRI is also indicated for suspected internal derangement to confirm/refute (without evidence of OA on plain film). NB X-ray first if OA is suspected additional to a suspected soft tissue injury. X-ray first if there is suspected bone trauma.

References

1. NICE Osteoarthritis Clinical Guideline 226, 2022.
2. NICE, Clinical Knowledge Summaries, Knee pain – assessment, Last revised August 2022.
3. British Association of Sexual Health and HIV National Guideline on the Management of Sexually Acquired Reactive Arthritis, 2021.
4. American Academy of Orthopaedic Surgeons, Management of Anterior Cruciate Ligament Injuries: Evidence-Based Clinical Practice Guideline, 2022.
5. Academy of Royal Medical Colleges, Evidence-based Interventions (EBI): Knee arthroscopy for patients with osteoarthritis, 2020.
6. Academy of Royal Medical Colleges, Evidence-based Interventions (EBI): Knee MRI when symptoms are suggestive of osteoarthritis, 2020.
7. Academy of Royal Medical Colleges, Evidence-based Interventions (EBI): Knee MRI for suspected meniscal tears, 2020.
8. Academy of Royal Medical Colleges, Evidence-based Interventions (EBI): Arthroscopic surgery for meniscal tears, 2020.
9. British Association for Surgery of the Knee (BASK) Meniscal Working Group, Arthroscopic meniscal surgery, a national society treatment guideline and consensus statement, 2019.
10. The epidemiology, prevention, investigation and treatment of Lyme borreliosis in United Kingdom patients: A position statement by the British Infection Association, 2011.

Appendix 1. British Association for Surgery of the Knee (BASK) A National Society Treatment Guideline and Consensus Statement (2019)



NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

Clinical coding:

Note - % indicates all codes that fall in that code group e.g. W80% includes W801, W802, W803, etc

1. Arthroscopic washout for OA – Not normally funded

ICD10 Primary Diagnosis Code	OPCS Procedure Code	Additional Procedure Codes	Additional Criteria
As per national EBI Guidance coding (updated August 2022):			
M17% Gonathrosis [arthrosis of knee] **M15%** Polyarthrosis	**W821** Endoscopic total excision of semilunar cartilage, **W822** Endoscopic resection of semilunar cartilage NEC, **W823** Endoscopic repair of semilunar cartilage, **W828** Other specified therapeutic endoscopic operations on semilunar cartilage, **W829** Unspecified therapeutic endoscopic operations on semilunar cartilage, **W851** Endoscopic removal of loose body from knee joint, **W852** Endoscopic irrigation of knee joint (including lavage and washout), **W853** Endoscopic autologous chondrocyte implantation of knee joint, **W858** Other specified therapeutic endoscopic operations on cavity of knee joint, **W859** Unspecified therapeutic endoscopic operations on cavity of knee joint, **W861** Unspecified therapeutic endoscopic operations on cavity of knee joint **W879** Diagnostic endoscopic examination of knee joint		Age between 19 and 120 Cancer Exclusion **C[0-9][0-9]%** Malignant neoplasms **D0%** In situ neoplasms **D3%, D4%** Neoplasms of uncertain behaviour Excludes emergency admissions
	W831 Endoscopic drilling of lesion of articular cartilage, **W832** Endoscopic fixation of lesion of articular cartilage, **W833** Endoscopic shaving of articular cartilage, **W834** Endoscopic articular abrasion chondroplasty, **W835** Endoscopic articular thermal chondroplasty, **W836** Endoscopic excision of articular cartilage NEC, **W837** Endoscopic osteochondral autograft, **W838** Other specified therapeutic endoscopic operations on other articular cartilage, **W839** Unspecified therapeutic endoscopic operations on other articular cartilage, **W841** Endoscopic repair of intra-articular ligament,	**Z846** Knee joint	

	W842 Endoscopic reattachment of intra-articular ligament, **W843** Endoscopic division of synovial plica, **W844** Endoscopic decompression of joint		
	W901 Puncture Joint	**O132** Other leg region **Z504** Skin of leg NEC **Z577** Hamstring **Z58%** Muscle of lower leg **Z77[12489]** Tibia **Z78[1236789]** Other bone of lower leg **Z844** Patellofemoral joint **Z845** Tibiofemoral joint **Z846** Knee joint **Z851** Upper tibiofibular joint **Z904** Lower leg NEC	
	OR one of the additional procedure codes below:		
	W801 Open debridement and irrigation of joint, **W802** Open debridement of joint NEC, **W803** Open irrigation of joint NEC, **W808** Other specified debridement and irrigation of joint, **W809** Unspecified debridement and irrigation of joint,	**Y767** Arthroscopic approach to joint AND **Z846** Knee joint	
	W701 Open total excision of semilunar cartilage, **W702** Open excision of semilunar cartilage NEC (includes open excision of lesion of semilunar cartilage), **W703** Open repair of semilunar cartilage, **W708** Other specified open operations on semilunar cartilage, **W709** Unspecified open operations on semilunar cartilage	**Y767** Arthroscopic approach to joint	

2. Knee Arthroscopy for Non-osteoarthritic conditions of the knee

A. Diagnostic Knee Arthroscopy – Not normally funded

OPCS primary procedure code:

W871 Diagnostic endoscopic examination of knee joint and biopsy of lesion of knee joint

W879 Unspecified diagnostic endoscopic examination of knee joint

B. Knee Arthroscopy, where there is Internal joint derangement on MRI,

Criteria based access for the following clinical indications –

- Removal of loose body
- Management of meniscal tear
- Ligament reconstruction / repair (including lateral release).
- Synovectomy

OPCS primary procedure codes:

As in (1) above

ICD10 Diagnosis Codes:

Meniscal tears:

M232 Derangement of meniscus due to old tear or injury

M233 Other meniscus derangements including degenerate, detached and retained meniscus

S832 Tear of meniscus, current

Torn ligament:

M2351 - Chronic instability of knee - Anterior cruciate ligament or Anterior horn of medial meniscus.

M2361 - Other spontaneous disruption of ligament(s) of knee - Anterior cruciate ligament or Anterior horn of medial meniscus.

M2381 - Other internal derangements of knee - Anterior cruciate ligament or Anterior horn of medial meniscus.

S835 - Sprain and strain involving (anterior) (posterior) cruciate ligament of knee.

3. MRI for knee pain

Not recommended for patients with no history of acute knee injury or a locked knee.

As per national EBI Guidance coding:

ICD10 Primary Diagnosis Code	OPCS Procedure Code	Additional Procedure Codes	Additional Criteria
included for information only as not used to identify activity in OP setting **M170**: Primary gonarthrosis, bilateral **M171** Other primary gonarthrosis, incl: Primary gonarthrosis: NOS; Unilateral **M179**: Gonarthrosis, unspecified	**U133**: MRI bone/joint	**Z846** Knee joint, OR **O132** Knee NEC	Age >=19 years **Exclusions** **M000, 1,2, 8 &9** infection **M050-9** rheumatoid **M060-9** inflammatory **M070-9** reactive **M020-9** arthropathies **M030-9** post infection **M100-9** gout **M120-9** other arthropathies **M130-9** other arthritis **M140-9** diabetic/ neuropathic **M150-9** polyarthrosis **M172, 3, 4 & 5**: gonarthrosis resulting from trauma or other secondary gonarthrosis **C402, 408, 409** neoplasm **C765** neoplasm **D162** neoplasm

Policy update record	
June 2021 BLMK 3CF meeting v2.0	Replacement of section 3. 'Knee pain with suspected osteoarthritis (OA) with EBI 2 recommendations and replacement of meniscal tear management guidance with reference to EBI2 BASK guideline for arthroscopic surgery for meniscal tears.
November 2023 BLMK ICB QP meeting V3.0	Minor rewording in Section 1 to clarify that referral for arthroscopic knee washout (lavage and debridement) is not normally funded for, or as part of, a treatment for osteoarthritis. Removal of the statement in section 2 "In rare circumstances, intractable knee pain which may benefit from arthroscopic treatment (subject to agreement by local exceptional treatment panel)." Removal of the position in section 2 of not funding debridement of meniscal tears in patients either with or without osteoarthritis or other degenerative meniscal injury as the use of partial meniscectomy is supported by BASK (2019) as a surgical option except in patients with advanced OA. For most suitable patients at least 3 months of non-operative treatment is initially required. Debridement is a term which includes partial meniscectomy. No current guidance proscribes debridement for patients without OA. Removal of the sentence in Section 3 which related to referring patients to an Extended Scope Physiotherapist. This is to decrease the risk of unwarranted delay. Removal of a duplicated sentence in Section 3. Removal of the age threshold for MRI as it should instead be used when clinically indicated. Updated references. Updated Clinical coding.

Key words: Knee arthroscopy, washout, lavage, debridement, osteoarthritis, OA, meniscal tear, anterior cruciate ligament, ACL, synovectomy