

Arthrocentesis

Adjudication Guideline

Rule Category: Billing

Approved by: Daman

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1. Abstract

1.1 For Members

Arthrocentesis is the clinical procedure of using a syringe to collect synovial fluid from a joint capsule. It is also known as joint aspiration.

1.2 For Medical Professionals

Arthrocentesis is the procedure of aspirating synovial fluid out of a joint. Arthrocentesis is similar in technique to joint injection – these two procedures can be performed during the same encounter in appropriate cases.

Indication for Procedure:

It is done as diagnostic and/or Therapeutic:

- Find out why a joint is painful, swollen, or is filled with fluid.
- Drain fluid to reduce pain and allow you to move the joint better.
- Diagnose the type of arthritis in a joint.
- Confirm a diagnosis of infection.
- Check for crystals in the joint fluid, which could be a sign of gout.
- In some cases, medicine may be injected in the joint space after the fluid has been taken out.

Daman covers Arthrocentesis procedure when requested by a physician of appropriate specialty, and as per policy terms and conditions for each health insurance plan administered by Daman.

2. Scope

This adjudication rule specifies the coverage details for medically necessary indications for procedure Arthrocentesis as per the policy terms and conditions of each health insurance plan administered by Daman.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Daman covers Arthrocentesis procedure when requested by a physician of appropriate specialty, and as per policy terms and conditions of each health insurance plan administered by Daman.

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Clinician Eligibility Criteria

Eligible Speciality
Orthopedic Surgery
Oral Maxillofacial Surgery
Oral and Maxilofacial Surgery
Orthopedic Surgery/ Traumatology
Oral Surgery
Rheumatology
Internal Medicine/ Rheumatology
Rheumatology/Immunology and Allergy
Pain Medicine
General Surgery/ Traumatology
Anesthesia / Pain Medicine
Family Medicine / Pain Medicine
Physical Medicine and Rehabilitation
Interventional Radiology

3.2 Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

3.3 Non-Coverage

Arthrocentesis will not be covered by Daman (for any plan) if it is not supported by a medically justified indication/diagnosis.

3.4 Payment and Coding Rules

Please apply regulator payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

4. Denial Codes

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinicial practise.
MNEC-004	Service is not clinically indicated based on good clinician practise, without additional supporting diagnosis /activities.
MNEC-005	Service / supply may be appropriate, but too frequent.
CODE-010	Activity/diagnosis inconsistent with clinician speciality.

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5. Appendices

5.1 References

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5.2 Revision History

Date	Change(s)
26/11/2017	Creation of Adjudication Guideline-External Instruction Template.
	Template Updated
10/12/2024	References Updated
	Content Reviewed

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