Policy Number	**SUR705.051**
Policy Effective Date	**11/01/2025**

Use of a Medial Knee Implantable Shock Absorber

Table of Contents

Related Policies (if applicable)
None

Disclaimer

Carefully check state regulations and/or the member contract.
Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

Coverage

The use of a medial knee implantable shock absorber device (e.g., MISHA™ Knee System) for any indication, including the treatment of osteoarthritis of the knee, **is considered experimental, investigational and/or unproven.**

Policy Guidelines

None.

Description

Knee osteoarthritis (OA), also known as degenerative joint disease of the knee, is typically the result of wear and tear and progressive loss of articular cartilage. (3) Knee osteoarthritis can be divided into two types, primary and secondary. Primary osteoarthritis is articular degeneration without any apparent underlying reason. Secondary osteoarthritis is the consequence of either an abnormal concentration of force across the joint as with post-traumatic causes or abnormal articular cartilage, such as rheumatoid arthritis. Common clinical symptoms include knee pain

that is gradual in onset and worse with activity, knee stiffness and swelling, pain after prolonged sitting or resting, and pain that worsens over time. Progression and severity of symptoms may vary between individuals, however, they typically become more severe, more frequent, and more debilitating over time. Treatment for knee osteoarthritis generally begins with conservative methods (e.g., weight loss, orthotics, analgesics) and often progresses to surgical treatments, such as high tibial osteotomy or arthroplasty. The management of young and active individuals with knee OA has been a long-standing challenge. This patient population tends to want to remain active and is often unwilling or not ready for more invasive surgical procedures when conservative management fails. To address this treatment gap, use of an extraarticular implantable shock absorber device has been proposed.

A medial knee implanted shock absorber is a device implanted outside of the knee capsule extending from the distal femur to the proximal tibia. (4) It is intended to reduce loads on the intraarticular medial joint surface to improve symptoms of osteoarthritis. The device employs a shock absorbing mechanical system and is biomechanically stabilized by plates and screws.

Regulatory Status

On April 10, 2023, the U.S. Food and Drug Administration (FDA) authorized marketing of the MISHA™ Knee System (Moximed, Inc., Fremont, CA) as a medial knee implanted shock absorber for treatment of knee osteoarthritis for those who have failed surgical or non-surgical treatment modalities. (4) The FDA clearance was based on a determination of substantial equivalence to previously classified devices. This device is implanted under the skin alongside the knee joint and is intended to provide physical support, decrease joint load and pain, and slow or stop progression of osteoarthritis.

Rationale

This policy is based on a review of relevant professional association recommendations.

National Institute for Health and Care Excellence

In 2015, the National Institute for Health and Care Excellence (NICE) published guidance on the implantation of a shock absorber to treat mild to moderate symptomatic medial knee osteoarthritis. (1) An evaluation of one case series and three case reports was undertaken. NICE concluded that evidence on the safety and efficacy of this treatment was inadequate in quantity and quality, and thus the procedure should only be performed in a research context. NICE also stated that “further research into implantation of a shock or load absorber for mild to moderate symptomatic medial knee osteoarthritis should include comparative studies against existing forms of management.”

American Academy of Orthopaedic Surgeons

The American Academy of Orthopaedic Surgeons (AAOS) evidence-based clinical guideline on the surgical management of osteoarthritis of the knee (2022) does not address the use of a

medial knee implantable shock absorber device for the treatment of osteoarthritis of the knee. (2)

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	27599
HCPCS Codes	C1734, C8003

*Current Procedural Terminology (CPT®) ©2024 American Medical Association: Chicago, IL.

References

Practice Guidelines and Position Statements:

1. National Institute for Health and Care Excellence (NICE). Implantation of a shock or load absorber for mild to moderate symptomatic medial knee osteoarthritis. IPG512. Jan 23 2015. Available at: <https://www.nice.org.uk> (accessed August 29, 2025).
2. American Academy of Orthopaedic Surgeons (AAOS). Surgical Management of Osteoarthritis of the Knee. Dec 2022. Available at: <https://www.aaos.org> (accessed August 29, 2025).

Other:

3. Hsu H, Siwiec RM. Knee Osteoarthritis. [Updated 2023 Jun 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan. Available at: <https://www.ncbi.nlm.nih.gov> (accessed August 29, 2025).
4. U.S. Food and Drug Administration. De Novo Summary: MISHA™ Knee System (DEN220033) (2023). Available at: <https://www.accessdata.fda.gov> (accessed August 29, 2025).

Centers for Medicare and Medicaid Services (CMS)

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services (CMS) does not have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been developed since this medical policy document was written. See Medicare's National Coverage at <https://www.cms.hhs.gov>.

Policy History/Revision	
Date	**Description of Change**
11/01/2025	Document updated with literature review. Coverage unchanged. Added reference 2; other references were removed.
07/01/2025	New medical document. The use of a medial knee implantable shock absorber device (e.g., MISHA™ Knee System) for any indication, including the treatment of osteoarthritis of the knee, is considered experimental, investigational and/or unproven.