American College of Rheumatology

Position Statement

Subject: Synovial Fluid Crystal Analysis Credentialing

Presented by: Committee on Rheumatologic Care

For Distribution To: Members of the American College of Rheumatology
Medical Societies
Members of Congress
Health Care Organizations/Third Party Carriers
Managed Care Entities

Position

1. The American College of Rheumatology supports the performance and interpretation of the synovial fluid crystal analysis as an integral part of the practice of rheumatology. Rheumatologists have unique training in diagnosis and management of inflammatory arthritis, including extensive training in arthrocentesis and synovial fluid crystal analysis. This essential clinical tool should be an acknowledged part of the rheumatologists' armamentarium for its rapid and cost-effective usefulness.

2. The American College of Rheumatology firmly recommends the designation of synovial fluid crystal analysis as a special waived test under CLIA regulations, when performed by a rheumatologist with documented training, credentialing and maintenance of certification or other demonstration of continued competence.

3. The ACR supports insurance reimbursement by Medicare and other insurers for the performance and interpretation of the synovial fluid crystal analysis by rheumatologists.

Background

Rheumatologists diagnose and treat more than one hundred types of arthritis and autoimmune diseases. Synovial fluid analysis provides a unique opportunity for a minimally invasive diagnostic aid. Critical decisions about treatment can be made by a provider with proper training and a basic microscope within minutes of the joint aspiration. It is one of the few great bargains of modern medicine – if rheumatologists are allowed to do it.

The evaluation of synovial (joint) fluid is integral for the diagnosis of gout and other types of crystalline arthritides. Synovial fluid analysis is the chemical and microscopic examination of joint fluid for cells, chemical composition and crystals to diagnose and distinguish types of inflammatory arthritis. While cell counts (RBCs, WBCs, differentials) and chemical analysis (glucose, protein) are conducted with automated laboratory machines, crystal analysis is done by a trained expert looking at the synovial fluid with a microscope and polarizing light filters. Examination for crystals can be tedious, and is best done on ‘fresh’ joint fluid by the physician who is most involved with the process. Appropriately trained medical technologists and/or pathologists are not available at all times when clinical decisions need to be made, and
transportation of the specimen to the lab as well as communication back to the provider takes hours under the best circumstances.

Through fellowship training and continuing medical education, rheumatologists become experts in arthrocentesis and in the interpretation of synovial fluid crystal analysis. The directors of rheumatology fellowship programs in the United States have developed a core curriculum in this area to ensure program quality and consistency. Correct identification of crystals in synovial fluid is required for initial rheumatology board certification and for maintenance of certification.

Only laboratories with CLIA certified level 2 and 3 are permitted to perform and bill for synovial fluid analysis. Rheumatologists have been told they are not permitted to use their own crystal analysis for decision making in patient care even if they do not bill for it. The technique of synovial fluid analysis was developed by rheumatologists and has historically been an integral part of clinical training in rheumatology. We suggest that synovial fluid analysis belongs in a special category of waived tests when performed by a rheumatologist for care of their own patients. No such category exists now, but there are other clear examples of bedside tests that should be considered (e.g., microscopic urinanalysis by nephrologists and urologists, KOH preps of skin scrapings by dermatologists, etc.)

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