

02-20000-65

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Reviewed: 02/23/23

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Subject: Knee Arthroscopy and Open, Non-Arthroplasty Knee Repair

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Knee arthroscopy is a surgical procedure that introduces a camera into the knee joint without making a large incision through the skin and other soft tissues. The camera displays pictures on a video monitor and allows the surgeon to guide miniature surgical instruments to perform surgery.

POSITION STATEMENT:

Diagnostic Knee Arthroscopy

Diagnostic knee arthroscopy **meets the definition of medical necessity** when **ALL** of the following are met:

- Limited range of motion, effusion, and/or painful weight bearing, present for at least 3 months, **AND**
- Failure of at least 3 months of conservative non-operative management that includes at least 2 of the following:
 - Medications (unless contraindicated); assistive device(s); home exercise; physical therapy, therapeutic injections into the joint; activity modification, **AND**
- Xray and MRI results are inconclusive, **AND**
- No imaging evidence of meniscus tear, loose body, advanced arthritis (Kellgren grade III or IV), or fracture

Arthroscopic Debridement

Arthroscopic debridement for treatment of osteoarthritis **meets the definition of medical necessity** when the following are met:

- Osteoarthritis is classified as Outerbridge grade I or II, **AND**
- There are mechanical symptoms (including, but are not limited to, locking, snapping, or popping), **AND**
- Failure of at least 3 months of conservative non-operative management that includes at least 2 of the following:
 - Medications (unless contraindicated); assistive device(s); home exercise; physical therapy, therapeutic injections into the joint; activity modification

Debridement of femoral condyle or tibial plateau articular cartilage **meets the definition of medical necessity** when **ALL** of the following are met:

- Imaging evidence of localized femoral condyle or tibial plateau articular cartilage damage, **AND**
- Knee pain, loss of function and/or persistent effusion, **AND**
- Failure of at least 3 months of conservative non-operative management that includes at least 2 of the following:
 - Medications (unless contraindicated); assistive device(s); home exercise; physical therapy, therapeutic injections into the joint; activity modification

Debridement for treatment of patellofemoral chondrosis **meets the definition of medical necessity** when **ALL** of the following are met:

- Anterior knee pain with loss of function such as difficulty walking, kneeling, or squatting, localized to the patellofemoral joint, **AND**
- No evidence of advanced osteoarthritis (Kellgren grade III or IV), **AND**
- Failure of at least 3 months of conservative non-operative management that includes at least 2 of the following:
 - Medications (unless contraindicated); assistive device(s); home exercise; physical therapy, therapeutic injections into the joint; activity modification

Debridement for arthrofibrosis **meets the definition of medical necessity** when **ALL** of the following are met:

- Presence of pain, stiffness, limited ability to straighten the le.g., limping, and/or swelling, **AND**
- Failure of at least 6 weeks of physical therapy

Meniscectomy/Meniscal Repair

Meniscectomy and/or meniscal repair **meets the definition of medical necessity** for any of the following:

- Acute injury with onset of pain with twisting/rotation, crepitus, locking, giving way, difficulty straightening, or joint line tenderness, when the following are met:
 - MRI evidence of a frank lateral or medial meniscus-bucket handle tear, **AND**

- Failure of at least 6 weeks of conservative non-operative management that includes at least 2 of the following:
 - Medications (unless contraindicated); assistive device(s); home exercise; physical therapy, therapeutic injections into the joint; activity modification
- MRI evidence of a tear considered repairable by the surgeon, with pain that corresponds to the location of the tear, when the following are met:
 - MRI evidence of a frank (non-degenerative) meniscus tear, **AND**
 - Xrays demonstrate absent or minimal osteoarthritis (Kellgren-Lawrence grade 0-2), **AND**
 - Failure of at least 6 weeks of conservative non-operative management that includes at least 2 of the following:
 - Medications (unless contraindicated); assistive device(s); home exercise; physical therapy, therapeutic injections into the joint; activity modification
- A child or adolescent with any type of meniscal tear confirmed on MRI, when at least 1 of the following symptoms is present:
 - Swelling
 - Popping
 - Joint line tenderness
 - Locking
 - Pain with stair climbing
 - Difficulty straightening

Meniscal Allograft Transplant

Meniscal allograft transplant **meets the definition of medical necessity** when the following are met:

- Failure of at least 6 weeks of conservative non-operative management that includes at least 2 of the following: Medications (unless contraindicated), assistive device(s), home exercise, physical therapy, therapeutic injections into the joint, activity modification, **AND**
- Individual is considered too young (e.g., age 54 or younger) to be an appropriate candidate for total knee arthroplasty or other reconstructive knee surgery, **AND**
- Disabling knee pain with activity, **AND**
- Absence of greater than 50% of the meniscus, established by imaging or prior surgery, **AND**
- Documented minimal to absent diffuse degenerative changes in the surrounding articular cartilage (e.g., Outerbridge grade II or less, <50% joint space narrowing), **AND**
- Normal knee biomechanics or alignment and stability is present or will be achieved concurrently with meniscal transplantation, **AND**
- Allograft is non-collagen and harvested via a cadaver (either fresh viable, fresh frozen, cryopreserved, or lyophilized)

Meniscal allograft transplant also meets the definition of medical necessity when performed in combination, either concurrently or sequentially, with treatment of focal articular cartilage lesions using any of the following procedures:

- Autologous chondrocyte implantation, **OR**
- Osteochondral allografting, **OR**
- Osteochondral autografting

Ligament Reconstruction/Repair

Anterior Cruciate Ligament (ACL) Reconstruction with Allograft or Autograft

ACL reconstruction or repair **meets the definition of medical necessity** for the following:

- Acute injury with joint instability, and the following:
 - Locking, catching, popping, buckling, **AND**
 - MRI evidence of a complete ACL tear, **AND**
 - Osteoarthritis is absent or minimal (Kellgren-Lawrence grade 0-2)
- Persistent pain or loss of knee function, and the following:
 - MRI evidence of a partial or complete ACL tear, **AND**
 - Failure of at least 3 months of conservative non-operative management that includes at least 2 of the following:
 - Medications (unless contraindicated); assistive device(s); home exercise; physical therapy, therapeutic injections into the joint; activity modification
- Persistent pain or loss of knee function with ligament instability or a repairable meniscus, and the following:
 - MRI evidence of a partial or complete ACL tear

Posterior Cruciate Ligament (PCL) Reconstruction

Posterior cruciate ligament (PCL) reconstruction or repair **meets the definition of medical necessity** when **ALL** of the following are met:

- MRI evidence of a complete PCL tear, **AND**
- Knee instability (locking, catching, popping, buckling), **AND**
- Failure of at least 3 months of conservative non-operative management that includes at least 2 of the following:
 - Medications (unless contraindicated); assistive device(s); home exercise; physical therapy, therapeutic injections into the joint; activity modification
- Absent or minimal osteoarthritis (Kellgren-Lawrence grade 0-2)

Microfracture, Abrasion, and Drilling

Microfracture, abrasion and drilling techniques of the knee **meet the definition of medical necessity** when **ALL** of the following are met:

- There is an articular cartilage lesion on MRI imaging, **AND**
- There is pain and/or swelling, **AND**
- There are mechanical symptoms (including, but not limited to, locking, snapping, or popping)

Osteochondral Allografting and Autografting

Osteochondral allografting

Osteochondral allografting **meets the definition of medical necessity** as a technique to repair:

- Full-thickness chondral defects of the knee caused by acute or repetitive trauma, when other cartilage repair techniques (e.g., microfracture, osteochondral autografting or autologous chondrocyte implantation) would be inadequate due to lesion size, location, or depth

Osteochondral autografting

Osteochondral autografting **meets the definition of medical necessity** for the following:

- Treatment of symptomatic full-thickness cartilage defects of the knee caused by acute or repetitive trauma, when **ALL** of the following are met:
 - Inadequate response to a prior surgical procedure (e.g., abrasion, microfracture, drilling), **AND**
 - Candidate is a skeletally mature adolescent with documented closure of growth plates (e.g., ≥ 15 years), **OR** an adult considered too young to be an appropriate candidate for total knee arthroplasty or other reconstructive knee surgery (e.g., ≤ 55 years), **AND**
 - Focal, full-thickness (grade III or IV) unipolar lesions on the weight-bearing surface of the femoral condyles, trochlea, or patella that are between 1 and 2.5 cm² in size, **AND**
 - The articular cartilage surrounding the lesion(s) is Outerbridge grade II or less, and normal-appearing hyaline cartilage surrounding the border of the defect, **AND**
 - Normal knee biomechanics, **OR** alignment and stability will be achieved concurrently with osteochondral grafting.

Synovectomy

Synovectomy **meets the definition of medical necessity** for the following:

- Bleeding into the joint from injury or bleeding disorder
- Painful plica, and the following:
 - Failure of at least 3 months of conservative non-operative management that includes at least 2 of the following:
 - Medications (unless contraindicated); assistive device(s); home exercise; physical therapy, therapeutic injections into the joint; activity modification, **AND**
 - No improvement in symptoms following joint aspiration and/or steroid injection

- Presence of proliferative synovial disease (e.g., proliferative pigmented villonodular synovitis, synovial chondromatosis, sarcoid synovitis, traumatic hypertrophic synovitis), and the following:
 - No improvement in symptoms following joint aspiration and/or steroid injection, **AND**
 - Failure of at least 6 weeks of conservative non-operative management that includes at least 2 of the following:
 - Medications (unless contraindicated); assistive device(s); home exercise; physical therapy, therapeutic injections into the joint; activity modification
- Presence of proliferative rheumatoid synovitis, and the following:
 - No improvement in symptoms following joint aspiration and/or steroid injection, **AND**
 - No improvement in symptoms following a minimum of 6 months of DMARD therapy (if not contraindicated)

Loose Body Removal

Loose body removal **meets the definition of medical necessity** when **BOTH** of the following are met:

- Symptoms, including but not limited to, popping, clicking, pain on pivoting, catching, locking, or buckling that affect function of the knee
- Imaging documentation of a loose body

Lateral Release

Lateral release **meets the definition of medical necessity** when **ALL** of the following are met:

- Imaging evidence of lateral patellar tilt, **AND**
- No patellar dislocation, **AND**
- Medial patellofemoral osteoarthritis is Kellgren-Lawrence grade 0 or 1, **AND**
- Patellar tilt test reveals lateral patellofemoral pain, **AND**
- Failure of at least 6 months of conservative non-operative management that included supervised physical therapy and at least 1 of the following:
 - Medications (unless contraindicated); assistive device(s); home exercise; therapeutic injections into the joint; activity modification

Patellar Realignment

Patellar realignment **meets the definition of medical necessity** for the following:

- Acute traumatic patellar dislocation injury that requires urgent operative management, **OR**
- Recurrent patellar dislocation or subluxation, and the following:
 - Evidence of patellar instability by physical exam, **AND**
 - Medial patellofemoral ligament insufficiency by imaging, **AND**
 - Failure of 6 months of conservative non-operative management that included at least 2 of the following:

- Medications (unless contraindicated); assistive device(s); home exercise; physical therapy; therapeutic injections into the joint; activity modification, **OR**
- Patellofemoral tenderness and abnormal articulation of the patella, and the following:
 - No fracture or loose body by imaging, **AND**
 - Patellar misalignment by imaging, **AND**
 - Failure of 6 months of conservative non-operative management that included supervised physical therapy, and at least 1 of the following:
 - Medications (unless contraindicated); assistive device(s); home exercise; therapeutic injections into the joint; activity modification

Lysis of Adhesions for Arthrofibrosis of the Knee

Lysis of adhesions for arthrofibrosis of the knee **meets the definition of medical necessity** when **ALL** of the following are met:

- Post-surgical, post-trauma, or post-infection arthrofibrosis of the knee, **AND**
- Inadequate range of motion impacting knee function, **AND**
- Failure of 6 weeks of supervised physical therapy, **AND**
- At least 3 months have passed since surgery, traumatic injury, or infection

****Kellgren-Lawrence Grading System**

Grade 0: No radiographic features of osteoarthritis

Grade 1: Doubtful joint space narrowing and possible osteophytic lipping

Grade 2: Definite osteophyte formation with possible joint space narrowing on anteroposterior weight-bearing radiograph

Grade 3: Multiple osteophytes, definite narrowing of joint space, some sclerosis and possible bony deformity

Grade 4: Large osteophytes, marked narrowing of joint space, severe sclerosis and definite bony deformity

*****Outerbridge Arthroscopic Grading System**

Grade 0: Normal cartilage

Grade I: Softening and swelling/blistering

Grade II: Partial thickness defect, fissures < 1.5cm diameter/wide

Grade III: Fissures /defects down to subchondral bone with intact calcified cartilage layer, diameter > 1.5cm

Grade IV: Exposed subchondral bone

BILLING/CODING INFORMATION:

CPT Coding

27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
27403	Arthrotomy with meniscus repair, knee
27405	Repair, primary, torn ligament and/or capsule, knee; collateral
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments
27415	Osteochondral allograft, knee, open
27416	Osteochondral autograft(s), knee, open (e.g., mosaicplasty) (includes harvesting of autograft[s])
27418	Anterior tibial tubercleplasty (e.g., Maquet type procedure)
27420	Reconstruction of dislocating patella; (e.g., Hauser type procedure)
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (e.g., Campbell, Goldwaite type procedure)
27424	Reconstruction of dislocating patella; with patellectomy
27425	Lateral retinacular release, open
27427	Ligamentous reconstruction (augmentation), knee; extra-articular
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g., mosaicplasty) (includes harvesting of the autograft[s])
29867	Arthroscopy, knee, surgical; osteochondral allograft (e.g., mosaicplasty)
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29873	Arthroscopy, knee, surgical; with lateral release
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (e.g., medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed

29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction

HCPCS Coding

G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee
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REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: The following National Coverage Determinations (NCDs) were reviewed on the last guideline review date: Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee (150.9), and Collagen MENISCUS Implant (150.12), located at cms.gov.

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

[Autologous Chondrocyte Implantation \(ACI\), 02-20000-17](#)
[Knee Arthroplasty, 02-20000-60](#)

OTHER:

None applicable.

REFERENCES:

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6. Blue Cross Blue Shield Association Evidence Positioning System®. 7.01.15 - Meniscal Allografts and Other Meniscal Implants, 05/22.
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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 02/23/23.

GUIDELINE UPDATE INFORMATION:

10/15/16	New Medical Coverage Guideline.
04/15/17	Revision: minor changes to lateral release/patellar realignment criteria (mercer merchant view changed to 45 degrees flexion). Updated references.
07/15/18	Scheduled review. Added general criteria for elective surgery of the knee. Revised criteria for diagnostic knee arthroscopy; debridement with/without chondroplasty; meniscectomy/meniscal repair; anterior cruciate ligament (ACL) reconstruction with allograft or autograft; posterior cruciate ligament (PCL) reconstruction; articular cartilage restoration/repair; loose body removal; lateral release/patellar realignment. Added Marx scale and Tegner score. Updated references.
07/15/19	Scheduled review. Revised criteria for diagnostic knee arthroscopy, meniscectomy/meniscal repair, lateral release/patellar realignment, and patellar malalignment and/or patellar instability. Updated references.
10/15/19	Revision; added clarifying language for relative versus absolute contraindications for meniscectomy and meniscal repair.
07/15/20	Scheduled review. Revised position statement and CPT coding. Added criteria for meniscal transplant (relocated from MCG 02-20000-25, Meniscal Allograft Transplantation). Updated references.
05/15/21	Scheduled review. Revised criteria for debridement chondroplasty, meniscectomy/meniscal repair, restorative marrow techniques, and surgery for patellar malalignment and/or patellar instability. Updated references.
06/10/23	Scheduled review. Revised description. Revised criteria for ACL reconstruction and PCL reconstruction. Updated references.
12/09/23	Revision. Revised criteria for diagnostic knee arthroscopy; arthroscopic debridement; meniscectomy/meniscal repair; meniscal allograft transplant; microfracture, abrasion, and drilling; osteochondral allografting and autografting; synovectomy; loose body removal; lateral release; patellar realignment; and lysis of adhesions for arthrofibrosis of the knee.

