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





## DESCRIPTION:

Arthroscopy introduces a fiber-optic camera into the knee joint through a small incision for diagnostic visualization purposes. Other instruments may then be introduced to remove, repair, or reconstruct intra-articular and extra-articular joint pathology. Surgical indications are based on relevant subjective clinical symptoms, objective physical exam and radiologic findings, and response to previous non-operative treatments when medically appropriate. Open, non-arthroplasty knee surgeries are performed instead of an arthroscopy as dictated by the type and severity of injury and/or disease.

## POSITION STATEMENT:

**General criteria for elective knee surgery**

Elective open or arthroscopic surgery of the knee **meets the definition of medical necessity** if the following general criteria are met:

- There is clinical correlation of subjective complaints with objective exam findings and/or imaging (when applicable)
- Knee pain with documented loss of function, deviation from normal knee function which may include painful weight bearing, and/or inadequate range of motion (>10 degrees flexion contracture or <110 degrees flexion, or both) to accomplish age-appropriate activities of daily living (ADLs), or occupational or athletic requirements)
- Medically stable with no uncontrolled comorbidities
- Does not have an active local or systemic infection
- Does not have active, untreated drug dependency (including but not limited to narcotics, opioids, or muscle relaxants) unless engaged in treatment program

**Clinical notes should address:**

- Symptom onset, duration, and severity
- Loss of function and/or limitations
- Type and duration of non-operative management modalities (where applicable)

**Non-operative management**

***Non-operative management must include at least 2 of the following, unless otherwise specified:**

- Rest or activity modifications/limitations
- Ice/heat
- Protected weight bearing
- Pharmacologic treatment: oral/topical NSAIDS, acetaminophen, analgesics, tramadol
- Brace/orthosis
- Physical therapy modalities
- Supervised home exercise
- Weight optimization
- Injections (e.g., corticosteroid)

**Diagnostic Knee Arthroscopy**

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

- At least 3 months of knee pain with documented loss of function
- Failure of at least 12 weeks of non-operative management
- Clinical documentation of painful weight bearing, joint line tenderness, effusion and/or limited motion compared to pre-symptomatic joint range
- Indeterminate radiographs **AND** MRI findings
- No radiographic or MRI evidence of any of the following:
  - Kellgren-Lawrence Grade 3-4 changes (based on weight-bearing radiographs)
  - Meniscus tears
  - Loose bodies
  - Stress fractures (including insufficiency fractures)
  - Patellofemoral instability (lateral patellar tilt or patellar subluxation)

**Debridement Chondroplasty**

**NOTE**: Debridement with or without chondroplasty for treatment of osteoarthritis of the knee **does not meet the definition of medical necessity**.

Debridement for non-patellofemoral (femoral condyle and tibial plateau) articular cartilage **meets the definition of medical necessity** when **ALL** of the following are met:

- Knee pain with documented loss of function
- Failure of at least 12 weeks of non-operative management
- MRI results show evidence of an area of localized articular cartilage damage or an unstable chondral flap
- Two or more or persistent effusions

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

- Anterior knee pain with documented loss of function, exacerbated by activities that load the joint, such as ascending > descending stairs, or being in seated position for extended periods of time with knee flexed)
- Other extra-articular or intra-articular sources of pain or dysfunction have been excluded (referred pain, radicular pain, tendinitis, bursitis, neuroma)
- Physical exam localizes tenderness to the patellofemoral joint
- Failure of at least 12 weeks of non-operative management
- No evidence of moderate to severe osteoarthritis (Kellgren-Lawrence** grade 3 to 4 based on weight-bearing radiographs and patellofemoral views)

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

- Arthrofibrosis, as evidenced by physical exam findings of painful stiffness and loss of motion due to proliferation of scar tissue in and around the joint
- Failure of at least 6 weeks of supervised or self-directed physical therapy

**NOTE**: Imaging is not required, however historically has been used to help determine the cause of loss of motion.

**Meniscectomy/Meniscal Repair**

Meniscectomy and/or meniscal repair **meets the definition of medical necessity** when the following are met:

- Symptomatic meniscal tear confirmed by MRI results that show a peripheral longitudinal tear in the vascular zone, root tear or other tear that the requesting physician considers repairable and is associated with pain localized to the corresponding compartment upon physical exam

**OR**

- For the following:
  - MRI results demonstrate a meniscus tear in a pediatric or adolescent individual who complains of either pain or mechanical symptoms and has **ANY** positive meniscal findings on physical examination

**OR**

- When **ALL** of the following are met:
  - History of acute injury/onset of symptoms with a locked knee and/or mechanical symptoms of locking
  - Physical examination demonstrates **ANY** positive meniscal findings on examination or demonstrates evidence of a locked knee (loss of terminal extension)
  - MRI demonstrates a bucket-handle tear of the meniscus (does not include an extruded meniscus or flap tears)

**OR**

- At least 2 of the following 5 criteria are present:
  1. History of "catching" or "locking" as reported by the individual
  2. Knee joint line pain with forced hyperextension upon physical exam
  3. Knee joint line pain with maximum flexion upon physical exam
  4. Knee pain, crepitus, or an audible or palpable click with the McMurray's test or Apley grind test, upon physical exam
  5. Joint line tenderness to palpation upon physical exam**, AND**
- Failure of at least 6 weeks of non-operative management**, AND**
- One of the following radiographic findings:
  - Weight-bearing x-rays (standing X-rays, Rosenberg view, 45 degree flexed PA view, etc.) that demonstrate no moderate or severe osteoarthritic changes (Kellgren-Lawrence** Grade 3-4); X-rays should be described as showing either no arthritis or mild/minimal arthritis only
  - MRI results confirm a frank meniscal tear (not simply degenerative changes, such a fraying), and the MRI does not demonstrate any of the following: moderate or severe articular cartilage thinning, full-thickness articular cartilage loss or defects, extrusion of the meniscus, subchondral edema, more than mild osteophytes, subchondral cysts or an impression of “moderate” or “advanced/severe” arthritis. (see absolute and relative contraindications) If the MRI demonstrates any of the above-described findings of more than mild arthritis, weight-bearing X-rays are required to confirm no moderate or severe articular cartilage loss.

**NOTE**: **Arthroscopic meniscus requests and MRI/X-rays of the knee**

The imaging evaluation of the knee for those with meniscus tears should be individualized, with the goal being to recommend treatment for only those with no or minimal associated arthritis. Although most that request arthroscopic meniscectomy will have had both an MRI and X-rays of the knee, only one of these tests is required, provided all other criteria for meniscectomy have been met. For example, if there has been a failure to improve with 6 weeks of non-operative treatment and there are physical examination findings of a meniscus tear, an MRI is not required, only weight-bearing X-rays that demonstrate no more than mild arthritis. Likewise, if an MRI describes a frank meniscus tear and does not describe any significant associated arthritis, weight-bearing X-rays are not required. However, as noted above, if an MRI demonstrates findings of more than mild arthritis, weight-bearing X-rays are required to confirm no moderate or severe articular cartilage loss.

**Absolute meniscectomy and meniscal repair contraindications:**

- Presence of Kellgren-Lawrence** grade 4 osteoarthritis

**Relative meniscectomy and meniscal repair contraindications:**

- The presence of Kellgren-Lawrence** grade 3 osteoarthritis, unless there has been an acute onset with locking (does not include catching, popping, cracking, etc.), **AND** there is MRI evidence of bucket-handle or displaced meniscal fragment that correlates with the correct compartment (i.e. medial tenderness and locking for a medial tear)
- If grade 3 changes are present, only a meniscectomy may be indicated, not a meniscal repair. If there is evidence of meniscal extrusion on coronal MRI with or without subchondral edema, arthroscopy is relatively contraindicated, even if a tear is present

**Meniscal transplant**

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

- Less than 40 years old
- No evidence of arthritic changes
- Symptomatic meniscal deficiency confirmed by MRI results that show a meniscal deficient compartment, **OR** previous arthroscopy photographs or video showing subtotal or total meniscectomy
- Failure of at least 6 weeks of non-operative treatment

**Meniscal transplant absolute contraindications:**

- Uncorrected (staged or simultaneous) ligamentous insufficiency (ACL, PCL, MCL, LCL, PMC, PLC)
- Uncorrected (staged or simultaneous) malalignment greater than 5 degrees varus or 5 degrees valgus
- Uncorrected (staged or simultaneous) full-thickness articular cartilage isolated defects (International Cartilage Research Society Grade 3 or 4; Outerbridge Grade IV
- Kellgren-Lawrence Grade 3 or 4 osteoarthritis

**Ligament Reconstruction/Repair**

**Anterior Cruciate Ligament (ACL) Reconstruction with Allograft or Autograft**

ACL reconstruction or repair **meets the definition of medical necessity** when **ALL** of the following are met:

- History of instability at the time of an acute injury, **OR** history of recurrent knee instability (defined subjectively as "giving way", "giving out", "buckling", or two-fist sign) with clinical findings of instability (Lachman's 1A, 1B, 2A, 2B, 3A, 3B; anterior drawer,, pivot shift test, or instrumented (KT-1000 or KT-2000) laxity of greater than 3mm side-side difference)
- MRI results confirm complete ACL tear
- No evidence of severe arthritis (Kellgren-Lawrence** grade 3 or 4)

**OR**

- When **ONE** of the following are met:

- MRI results confirm ACL tear associated with other ligamentous instability or repairable meniscus
- MRI results confirm partial or complete ACL tear **AND** has persistent symptoms despite at least 12 weeks of non-operative management
- Acute ACL tear confirmed by MRI in a high demand occupation or competitive athlete [as quantified by Marx activity score****** for athletics (any score greater than 4), and Tegner activity score******* for athletics and/or occupation (any score greater than 2)]
- No evidence of severe arthritis (Kellgren-Lawrence** grade 3 or 4)

**NOTE**: If MRI results demonstrate an ACL tear, especially in the younger surgical candidate, and there is no mention of significant arthritis, X-rays are not required.

**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:

- Knee instability (defined subjectively as "giving way", "giving out", "buckling", or two-fist sign) with clinical findings of any of the following signs/tests: positive posterior drawer, posterior sag, quadriceps active, dial test at 90 degrees knee flexion, or reverse pivot shift test
- MRI results confirm complete PCL tear
- Failure of at least 12 weeks of non-operative management (including physical therapy emphasizing quadriceps strengthening)
- Absence of medial and patellofemoral Kellgren-Lawrence** grade 3 to 4 changes in chronic tears

The following clinical scenarios will be considered on a case by case basis:

- Pediatric and adolescent tears in individuals with open physes or open growth plates
- Symptomatic partial tears with persistent instability despite non-operative management*
- Incidental Kellgren-Lawrence** grade 2 to 3 osteoarthritis in acute/subacute tears with unstable joint
- Acute PCL repair or reconstruction when surgery is also required for the ACL, MCL or LCL
- Tears in those less than age 13

**Collateral Ligament Repair or Reconstruction**

Collateral ligament repair or reconstruction should rarely occur independent of additional ligament repair or reconstruction surgery (ACL, MCL, LCL). All non-traumatic collateral ligament repair/reconstruction requests will be reviewed on a case by case basis.

**Articular Cartilage Restoration/Repair**

**Skeletally Immature Indications**

Articular cartilage restoration or repair **meets the definition of medical necessity:**

- When **ALL** of the following are met:
  - Skeletally immature

  - Symptomatic (pain, swelling, mechanical symptoms of popping, locking, catching, or limited range of motion)
  - Radiographic findings (X-ray **OR** MRI) of a displaced lesion

**OR**

- When **ALL** of the following are met:
  - Skeletally immature
  - Symptomatic (pain, swelling, mechanical symptoms of popping, locking, catching, or limited range of motion)
  - Failure of at least 12 weeks of non-operative management
  - Radiographic findings (X-ray **OR** MRI) of a stable osteochondral lesion

**OR**

- When **ALL** of the following are met:
  - Skeletally immature
  - Asymptomatic
  - Failure of at least 12 weeks of non-operative management
  - Radiographic findings (X-ray **OR** MRI) of an unstable osteochondral lesion

Articular cartilage restoration and repair for skeletally immature individuals **does not meet the definition of medical** necessity when:

- There is evidence of meniscal deficiency and/or malalignment, **IF** these are not being addressed (meniscal transplant and/or lateral release/patellar realignment procedure) at the same time as the cartilage restoration procedure

**Skeletally Mature Indications**

**Reparative Marrow Stimulation**

Reparative marrow stimulation techniques such as microfracture & drilling **meet the definition of medical necessity** when **ALL** of the following are met:

- Skeletally mature adult
- MRI confirms a full-thickness weight-bearing lesion that is < 2.5 sq.cm
- Symptomatic (pain, swelling, mechanical symptoms of popping, locking, catching, or limited range of motion)
- Less than age 50
- BMI < 35
- Physical exam findings and/or imaging results confirm knee has stable ligaments
- No evidence of prior meniscectomy in same compartment (medial femoral condyle full thickness lesion and prior medial meniscectomy) unless concurrent meniscal transplant performed

**Restorative Marrow Techniques**

Restorative techniques (osteoarticular transfer system or osteochondral autograft transfer system (OATS), mosaicplasty, osteochondral allograft implantation) **meet the definition of medical necessity** when **ALL** of the following are met:

- Skeletally mature adult
- MRI results confirm a full thickness chondral or osteochondral lesion of the femoral condyles or trochlea > 2.5 $cm^2$
- Less than 50 years of age
- Symptomatic (pain, swelling, mechanical symptoms of popping, locking, catching, or limited range of motion) for at least 6 months
- Failure of at least 6 months of non-operative management
- MRI and/or physical findings confirm knee has normal alignment, defined as +/- 3 degrees from neutral on full-length mechanical axis long-leg x-ray (unless concurrent or staged tibial or femoral osteotomy planned/performed), and stability (unless concurrent ligamentous repair or reconstruction planned/performed)
- BMI < 35
- MRI and/or X-rays show no evidence of osteoarthritis (no greater than Kellgren-Lawrence** grade 2 changes on weight-bearing X-rays)
- No prior meniscectomy in same compartment (unless concurrent or staged meniscal transplant planned/performed)

**Patellofemoral Chondrosis**

Surgical intervention for the treatment of patellofemoral chondrosis (osteochondral autograft transfer or transplantation (OATS), microfracture, osteochondral allograft implantation, tibial tubercle osteotomy) **meets the definition of medical necessity** when **ALL** of the following are met:

- Anterior knee pain and loss of function
- Other extra-articular or intra-articular sources of pain or dysfunction have been excluded (referred pain, radicular pain, tendinitis, bursitis, neuroma)
- Physical exam localizes tenderness to the patellofemoral joint with pain aggravated by activities that load the joint (single leg squat, descending > ascending stairs or stair climbing, and being in seated position for extended periods of time with knee flexed)
- Radiologic imaging shows patellofemoral chondrosis grade III or IV by the Outerbridge Classification*** or grade 3 or 4 by the ICRS**** classification, documented by prior arthroscopic evaluation)
- Failure of at least 6 months of non-operative management
- No evidence of osteoarthritis (no greater than Kellgren-Lawrence** grade 2 changes on weight-bearing X-rays in the medial/lateral compartments)

**Synovectomy (major [2+ compartments], minor [1 compartment])**

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

- Proliferative rheumatoid synovium (with established rheumatoid arthritis according to the American College of Rheumatology Guidelines*****)

- Not responsive to disease modifying drug (DMARD) therapy for at least 6 months
- At least one instance of aspiration of joint effusion and corticosteroid injection (if no evidence of infection)

**OR**

- Hemarthrosis from injury, coagulopathy or bleeding disorder confirmed by physical exam, joint aspiration, and/or MRI

**OR**

When **ALL** of the following are met:

- Proliferative pigmented villonodular synovitis, synovial chondromatosis, sarcoid synovitis, or similar proliferative synovial disease; traumatic hypertrophic synovitis confirmed by history, MRI or biopsy
- Failure of at least 6 weeks of non-operative management
- At least one instance of aspiration of joint effusion and injection of corticosteroid (if no evidence of infection)

**OR**

When **ALL** of the following are met:

- Detection of painful plica confirmed by physical exam and MRI findings
- Failure of at least 12 weeks of non-operative management
- At least one instance of aspiration of joint effusion **OR** single injection of corticosteroid (effusion may not be present with symptomatic plica)

**Loose Body Removal**

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

- Documentation of mechanical symptoms that cause limitation or loss of function
- X-ray or MRI documentation of a loose body

**Lateral Release/Patellar Realignment**

**Lateral Patellar Compression Syndrome**

Surgical intervention for the treatment of lateral patellar compression syndrome **meets the definition of medical necessity** when **ALL** of the following are met:

- Evidence of lateral patellar tilt from radiologic images (patellofemoral view: merchant (45 degrees flexion); and/or skyline (60-90 degrees flexion); and/or sunrise (60-90 degrees flexion)
- Associated lateral patella facet Kellgren-Lawrence** changes grade 1, 2, or 3
- Reproducible isolated lateral patellofemoral pain with patellar tilt test
- Failure of at least 6 months of non-operative management (1 component of non-operative management must include quadriceps strengthening, appropriate hamstring/IT band stretching, and patellar mobilization techniques)

- No evidence of patellar dislocation
- No evidence of medial patellofemoral changes (Kellgren-Lawrence** grade 2 osteoarthritis or higher)

**Patellar Malalignment and/or Patellar Instability**

Surgical intervention for the treatment of patellar malalignment and/or patellar instability **meets the definition of medical necessity** when the following are met:

- Acute traumatic patellar dislocation is associated with an osteochondral fracture, loose body, vastus medialus obliquus/medial patellofemoral ligament muscle avulsion, or other intra-articular injury that requires urgent operative management, **OR**
- Repeat (2 or more) patellar dislocations or subluxations have occurred despite 6 months of non-operative management with radiologic confirmation of MPFL (medial patellofemoral ligament) deficiency (including evidence of acute or remote injury, scarring, incomplete healing, etc.), **OR** physical examination demonstrates evidence of patellar instability (positive apprehension test),

**OR**

- When **ALL** of the following have been met:
    - Physical exam has patellofemoral tenderness and abnormal articulation of the patella in the femoral trochlear groove (patellar apprehension or positive J sign), **AND**
    - Radiologic and/or advanced (CT or MRI) images rule out fracture or loose body, and show abnormal articulation, trochlear dysplasia, abnormal TT-TG distance (tibial tubercle-trochlear groove)* or other abnormality related to malalignment, **AND**
    - Failure of least 6 months of non-operative management (1 component of non-operative management must include at least 3 months of physical therapy)

*The tibial tubercle-trochlear groove (TT-TG) distance is normally @5-10mm. Some authors use 13mm as a cut-off and most agree that a TT-TG of 15 or over is abnormal. TT-TG values over 17 indicate other possible bony abnormalities such as increased femoral anteversion that may cause patellar instability.

**Lysis of Adhesions for Arthrofibrosis of the knee**

Surgical indications are based on relevant clinical symptoms, physical exam, radiologic findings, time from primary surgery, and response to conservative management when medically appropriate. Improved range of motion may be accomplished through arthroscopically-assisted or open lysis of adhesions with general anesthesia, regional anesthesia, or sedation.

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

- Physical exam findings demonstrate inadequate range of motion of the knee, defined as less than 110 degrees of flexion
- Failure to improve range of motion of the knee despite 6 weeks (12 visits) of documented physical therapy
- More than 12 weeks after ligamentous or joint reconstruction, or resolved infection

**OR**

When **ALL** of the following are met:

- More than 12 weeks after trauma, or resolved infection
- Has native knee
- Manipulation under anesthesia is also performed

****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

******The International Cartilage Research Society (ICRS)**

Grade 0: Normal cartilage

Grade I: Nearly normal. Superficial lesions.

A. Soft indentation

B. And/or superficial fissures and cracks

Grade II: Abnormal. Lesions extending down to <50% of cartilage depth

Grade III: Severely abnormal

A. Cartilage defects extending down >50% of cartilage depth

B. And down to calcified layer

C. And down to, but not through the subchondral bone

D. And blisters

Grade IV: Severely abnormal (through the subchondral bone)

A. Penetration of subchondral bone but not across entire diameter of defect

B. Penetration of subchondral bone across the full diameter of the defect

| ***** American College of Rheumatology Guidelines2010 ACR/EULAR: Classification Criteria for RA | |
|---|---|
| **JOINT DISTRIBUTION (0-5)** | |
| 1 large joint | 0 |
| 2-10 large joints | 1 |
| 1-3 small joints (large joints not counted) | 2 |
| 4-10 small joints (large joints not counted) | 3 |
| >10 joints (at least one small joint) | 5 |
| **SEROLOGY (0-3)** | |
| Negative RF AND negative ACPA | 0 |
| Low positive RF OR low positive ACPA | 2 |
| High positive RF OR high positive ACPA | 3 |
| **SYMPTOM DURATION (0-1)** | |
| <6 weeks | 0 |
| ≥6 weeks 1 | 1 |
| **ACUTE PHASE REACTANTS (0-1)** | |
| Normal CRP AND normal ESR | 0 |
| Abnormal CRP OR abnormal ESR | 1 |
| | **≥6 = definite RA** |

******Marx Scale**

Indicate how often you performed each activity in your healthiest and most active state, in the past year.

| Activity/movement | Less than 1 time/month | One time/month | One time/week | 2-3 times/week | 4+ times/week |
|---|---|---|---|---|---|
| **Running: running while playing a sport or jogging** | 0 | 1 | 2 | 3 | 4 |
| **Cutting: changing directions while running** | 0 | 1 | 2 | 3 | 4 |
| **Deceleration: coming to a quick stop while running** | 0 | 1 | 2 | 3 | 4 |
| **Pivoting: turning your body with your foot planted while playing** | 0 | 1 | 2 | 3 | 4 |

| | | | | | |
|---|---|---|---|---|---|
| **sport; For example: skiing, skating, kicking, throwing , hitting a ball (golf, tennis, squash), etc.** | | | | | |

*********Tegner Score**

| **Level** | Activity description |
|---|---|
| **Level 10** | Competitive sports: soccer, football, rugby (national elite) |
| **Level 9** | Competitive sports: soccer, football, rugby (lower divisions), ice hockey, wrestling, gymnastics, basketball |
| **Level 8** | Competitive sports: racquetball or bandy, squash or badminton, track and field athletics |
| **Level 7** | Competitive sports: tennis, running, motorcars speedway, handball<br>Recreational sports: soccer, football, rugby, bandy, ice hockey, basketball, squash, racquetball, running |
| **Level 6** | Recreational sports- tennis and badminton, handball, racquetball, down-hill skiing, jogging at least 5 times per week |
| **Level 5** | Work- heavy labor (construction, etc.)<br>Competitive sports: cycling, cross-country skiing; Recreational sports- jogging on uneven ground at least twice weekly |
| **Level 4** | Work- moderately heavy labor (e.g. truck driving, etc.) |
| **Level 3** | Work- light labor (nursing, etc.) |
| **Level 2** | Work: light labor<br>Walking on uneven ground possible, but impossible to back pack or hike |
| **Level 1** | Work- sedentary (secretarial, etc.) |
| **Level 0** | Sick leave or disability pension because of knee problems |

## 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 (eg, mosaicplasty) (includes harvesting of autograft[s]) |
| 27418 | Anterior tibial tubercleplasty (eg, Maquet type procedure) |
| 27420 | Reconstruction of dislocating patella; (eg, Hauser type procedure) |
| 27422 | Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, 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) (eg, mosaicplasty) (includes harvesting of the autograft[s]) |
| 29867 | Arthroscopy, knee, surgical; osteochondral allograft (eg, 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 (eg, osteochondritis dissecans fragmentation, chondral fragmentation) |
| 29875 | Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure) |
| 29876 | Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, 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 |

## 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:


1. Abrams GD, Frank RM, Gupta AK, Harris JD, McCormick FM, Cole BJ. Trends in meniscus repair and meniscectomy in the United States, 2005-2011. The American journal of sports medicine. 2013 Jul 17:0363546513495641.
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## COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 04/22/21.

## GUIDELINE UPDATE INFORMATION:

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| 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. |

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| 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. |