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# Knee Arthroscopic Procedures Guidelines

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## Definition

Knee arthroscopy is a very common minimally invasive surgical procedure that is used to diagnose and treat a wide range of knee injuries. Arthroscopy uses to get a better look at cartilage, bones and soft tissues inside your knee. It is being used to diagnose several types of knee injuries. Most of these injuries affect ligaments and cartilage in your knee joint. Knee injuries among athletes (including adolescents) are very common. They can happen in contact sports and those that require jumping, such as volleyball.

## Knee evaluation

Evaluation must include history of the condition, physical examination and radiological study to collect the full information and plan the best treatment.

Conservative management to be fulfilled prior to proceeding to arthroscopy:

- Rest,
- Ice bags,
- Non-steroidal anti-inflammatory medication and,
- Physiotherapy sessions.

## Indication of knee arthroscopy:

Diagnostic Arthroscopy Indications:

when ALL the following criteria have been met:

1. Function-limiting pain (e.g., loss of knee function which interferes with the ability to carry out age-appropriate activities of daily living and/or demands of employment) for at least 6 months in duration.
2. Any ONE of the following physical examination findings:
  - a. Limited range of motion
  - b. Evidence of joint swelling/effusion
  - c. Joint line tenderness

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3. Failure of non-surgical management for at least 3 months in duration.
4. Absence of Kellgren-Lawrence Grade II or greater findings on plain radiographs
5. MRI or CT arthrogram is inconclusive for internal derangement/pathology.

### Arthroscopic Debridement (Chondroplasty)/ Loose Body/Foreign Body Removal Indications

when ALL the following criteria have been met:

1. Function-limiting pain (e.g., loss of knee function which interferes with the ability to carry out age-appropriate activities of daily living and/or demands of employment).
2. Individual reports pain and any ONE of the following mechanical symptoms:
  - a. Knee range of motion is “blocked” due to pain.
  - b. Giving way, subjective weakness, buckling of the knee.
  - c. Painful locking, clicking, catching, or popping during weight-bearing activities.
3. Failure of non-surgical management for at least 3 months in duration.
4. Concurrent findings on EITHER of the following:
  - a. MRI or CT arthrogram demonstrates articular cartilage degeneration and any ONE of the following conditions:
    - I. Loose body or foreign body within the joint
    - II. Unstable flaps of articular cartilage
    - III. Meniscal tear that extends to the articular surface (not simply degenerative changes, i.e., fraying) in conjunction with articular cartilage degeneration within the same compartment
    - IV. Impinging osteophytes, which would be reasonably expected to result in mechanical symptoms and loss of knee joint function.
  - b. Orthogonal radiographs demonstrate a loose body within the tibiofemoral or patellofemoral joint space.

**Note:** In the presence of painful locking, clicking, catching, or popping during weight-bearing activities related to an intra-articular loose body or foreign body, 3 months of non-surgical management is not required.

**Note:** Arthroscopic debridement (chondroplasty) and loose body removal is considered not indicated in the presence of Kellgren-Lawrence Grade II or greater findings on plain radiographs except for loose body removal in the presence of an acutely locked knee on physical examination.

### Arthroscopic Synovectomy (limited or major) Indications

when ALL the following criteria have been met:

1. Function-limiting pain (e.g., loss of knee function which interferes with the ability to carry out age-appropriate activities of daily living and/or demands of employment)
2. Any ONE of the following physical examination findings:
  - a. Limited range of motion
  - b. Evidence of joint swelling/effusion
  - c. Joint line or plica tenderness.
3. Failure of provider-directed non-surgical management for at least three 3 months in duration.
4. MRI or CT arthrogram demonstrates evidence of synovitis or plica.
5. Absence of Kellgren-Lawrence Grade IV findings on plain radiographs.
6. Presence of any ONE of the following:
  - a. Plica syndrome
  - b. Inflammatory arthritis (i.e., rheumatoid arthritis, gout, pseudogout, psoriatic arthritis)
  - c. Pigmented villonodular synovitis (PVNS)
  - d. Synovial chondromatosis
  - e. Lyme synovitis
  - f. Hemophilia
  - g. Hemochromatosis
  - h. Non-specific synovitis (including proliferative synovitis, post-operative synovitis as a sequela from a knee replacement, patellar clunk syndrome, cyclops lesion, etc.)
  - i. Recurrent hemarthrosis (i.e., secondary to sickle cell anemia, bleeding diathesis, etc.)

### Arthroscopic Meniscectomy (partial or total) or Meniscal Repair

when ALL the following criteria have been met:

1. Function-limiting pain (e.g., loss of knee function which interferes with the ability to carry out age-appropriate activities of daily living and/or demands of employment)
2. TWO OR MORE of the following physical examination findings:
  - a. Limited range of motion
  - b. Evidence of joint swelling/effusion
  - c. Joint line tenderness
  - d. Positive McMurray's Test, Thessaly Test, or Apley's Compression Test.
3. Failure of provider-directed non-surgical management for at least 3 months in duration.

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4. MRI or CT arthrogram demonstrates a meniscal tear that extends to the articular surface (not simply degenerative changes, i.e., fraying) that correlates with the individual's reported symptoms and physical exam findings.

5. Absence of Kellgren-Lawrence Grade II or greater findings on plain radiographs.

**Note:** Meniscal tear with a locked knee on physical examination does not require 3 months of non-surgical management.

**Note:** Acute meniscal tear with associated function-limiting pain or locked knee on physical examination does not require absence of Kellgren-Lawrence Grade II or greater findings on plain radiographs.

### Arthroscopic Anterior Cruciate Ligament (ACL) Reconstruction with allograft or autograft Indications

when ALL the following criteria have been met:

1. Function-limiting pain and/or a documented loss of knee function during preoperative treatment.

2. Individuals report knee instability which is noted as giving way, subjective weakness, or "buckling" during preoperative treatment.

3. Any ONE of the following physical examination findings:

- a. Positive Lachman's Test
- b. Positive Anterior Drawer Test
- c. Positive Pivot Shift Test.

4. Failure of non-surgical management for at least 3 months in duration, except in an acute injury setting where joint instability has been documented and ANY of the following are present:

a. A confirmed ACL tear and a repairable meniscus tear.

b. Concomitant ligament injuries (i.e., multi-ligamentous knee injury) that require reconstruction to provide stability.

5. MRI, CT arthrogram, or arthroscopy demonstrates a tear/disruption or significant laxity of the anterior cruciate ligament (ACL).

### Arthroscopic Anterolateral Ligament (ALL) Reconstruction Indications

when is required to augment the anterior cruciate ligament (ACL) reconstruction.

### Arthroscopic Posterior Cruciate Ligament (PCL) Reconstruction with allograft or autograft Indications

when ALL the following criteria have been met:

1. Function-limiting pain and a documented loss of knee function which interferes with the ability to carry out the age-appropriate activities of daily living and/or demands of employment.

2. Any ONE of the following physical examinations/radiographic imaging findings:

- a. Positive Posterior Drawer Sign
- b. Positive Posterior Sag Sign or Tibial Drop Back Test
- c. Positive Quadriceps Active Test
- d. Eight (8) millimeters or more of increased posterior translation on stress radiographs.

3. Failure of non-surgical management for at least 3 months in duration, except in an acute injury setting where hemarthrosis, effusion and joint instability have been documented and present of Concomitant ligament injuries (i.e., multi-ligamentous knee injury) that require reconstruction to provide stability.

4. MRI, CT arthrogram, or arthroscopy demonstrates a tear/disruption or significant laxity of the posterior cruciate ligament (PCL).

### Arthroscopic Medial/Lateral Collateral Ligament (MCL/LCL) Repair/Reconstruction with allograft or autograft Indications

when ALL the following criteria have been met:

1. Function-limiting pain and/or a loss of knee function which interferes with the ability to carry out age-appropriate activities of daily living and/or demands of employment.

2. Individuals report knee instability, which is noted as giving way, subjective weakness, or buckling.

3. EITHER of the following physical examination findings:

- a. Positive Valgus Stress Test (Medial)
- b. Positive Varus Stress Test (Lateral).

4. Failure of non-surgical management for at least 3 months in duration, except in an acute injury setting of the lateral collateral ligament (LCL) (including the posterolateral corner) when total disruption of the ligament is documented on MRI or CT arthrogram and effusion and joint instability have been documented on physical examination

## Knee Arthroscopic Procedures

### Experimental or investigational requests to be denied:

“In-office” diagnostic arthroscopy.

Arthroscopic Anterior cruciate ligament (ACL) repair.

Arthroscopic partial meniscectomy for degenerative meniscal tears.

### Coding

CPT code	Description
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	Arthroscopy, knee, surgical; for infection, lavage, and drainage.
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, two or more compartments (eg, medial or lateral)
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).
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion).
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion.
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation.
29888	Anterior cruciate ligament reconstruction (ACL reconstruction) is a surgical tissue graft replacement of the anterior cruciate ligament, located in the knee, to restore its function after anterior cruciate ligament injury.

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