

## KNEE ARTHROSCOPY

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Status: Current

## I. POLICY/CRITERIA

Knee arthroscopy is covered for the following indications when the stated criteria are met.

1. Diagnosis or treatment of intra-articular joint pathology. **One or more** of the following must be present:
  - a. Fracture treatment
  - b. Loose bodies or foreign body, demonstrated on imaging studies
  - c. A true locked knee (knee that will flex but not fully extend)
  - d. Failure of at least 8 weeks of conservative management, including:
    - i. Anti-inflammatory medication (NSAIDs), unless contraindicated
    - ii. At least one corticosteroid injection or one course of hyaluronate injections (HA), and
    - iii. Physical therapy
  - e. Suspected plica syndrome, when symptoms persist after 8 weeks of conservative management (anti-inflammatory medication and PT)
2. Repair of an osteochondral defect, including osteochondral dissecans. **All** of the following must be present:
  - a. Osteochondral defect is demonstrated on imaging studies
  - b. **One** of the following clinical conditions:
    - i. Osteochondral lesion displacement or unstable lesion
    - ii. Loose body or bodies are present
    - iii. Nondisplaced osteochondral lesion in adult (defined as closed growth plates)
    - iv. Nondisplaced osteochondral lesion in child (defined as open growth plate) and stable lesion  $< 2 \text{ cm}^2$  that does not respond to conservative care for greater than 3 months, such as physical therapy, immobilization and partial weight-bearing, progressing to gradual weight-bearing, as tolerated, with radiographic evidence of healing
3. Symptomatic acute meniscal tear on exam or MRI. **One** of the following must be present:
  - a. Bucket handle tear, symptomatic horizontal cleavage tear, radial tear, posterior horn tear, complex tear, or a displaced/unstable meniscal fragment on MRI
  - b. Symptomatic meniscal tear on exam with catching, locking or instability

- c. Continued symptoms and/or disability following a failed 8 week course of conservative treatment (e.g. physical therapy and NSAIDs if not contraindicated)
4. Knee osteoarthritis with a concomitant meniscal tear when **any of the following** are present:
  - a. Symptomatic bucket handle tear with catching or locking on exam or MRI
  - b. Displaced or unstable symptomatic meniscal fragment on MRI
  - c. Acute traumatic tear and failed 8-week non-operative program
  - d. Age 45 and older, and all of the following:
    - i. Kellgren-Lawrence Grade\* 1 or 2 knee osteoarthritis
    - ii. A minimum of eight (8) physical therapy visits
    - iii. A minimum of three weeks of anti-inflammatory medications (unless contraindicated)
    - iv. At least one corticosteroid injection or one course of hyaluronate injections
5. Reconstruction of anterior cruciate ligament (ACL). **All** of the following are required:
  - a. Evidence of torn ACL on clinical exam or imaging, with **one or more** of the following:
    - i. Anterior drawer sign is positive for ACL laxity
    - ii. Positive pivot shift test
    - iii. Positive Lachman test
  - b. **One** of the following
    - i. ACL tear occurred with other major ligamentous injury, such as the medial or posterior collateral ligament, the posterior cruciate ligament or a posterolateral corner ligamentous injury
    - ii. Failure of at least 8 weeks of conservative management, such as immobilization, knee brace and physical therapy
    - iii. Patient's occupation is highly physically demanding, such as law enforcement, firefighter or other safety personnel, construction, or high-performance athlete participating in cutting, jumping, and pivoting sports (skiing, tennis, basketball, football)
6. Debridement, drainage, or lavage for **one or more** of the following:
  - a. Rheumatoid arthritis
  - b. Septic joint or osteomyelitis
  - c. Septic prosthetic joint
  - d. Postoperative arthrofibrosis (occurring after ACL repair or total knee replacement) when there is a loss of range of motion and failure to respond to nonoperative care, such as physical therapy, or manipulation under anesthesia
7. Repair or reconstruction of posterior cruciate ligament (PCL). **All** of the following are required:
  - a. Evidence of torn PCL on clinical exam, with **one or more** of the following:
    - i. Posterior drawer sign is positive for laxity of the PCL

- ii. Positive reversed pivot shift test
  - iii. Positive posterior sag sign
- b. Diagnostic imaging demonstrates PCL tear
- c. PCL tear occurred with other injuries, such as injury to the posterolateral corner of the knee, medial collateral ligament tear, ACL tear, avulsion fracture of fibular head or avulsion of the tibia distal to the lateral plateau
- 8. Excision of popliteal (Baker) cyst. **All** of the following are required:
  - a. Visible or palpable bulge in popliteal fossa on clinical exam, or diagnostic imaging demonstrating the presence of the cyst
  - b. Failure of at least 8 weeks of conservative treatment, such as activity modification, anti-inflammatory medication or treatment of intra-articular pathology such as rheumatoid arthritis
- 9. Synovectomy. **One or more** of the following must be present:
  - a. Rheumatoid arthritis
  - b. Hemophiliac joint disease
  - c. Localized pigmented villonodular synovitis
  - d. Other chronic inflammatory conditions such as antibiotic-resistant Lyme arthritis
- 10. Lateral retinacular release for patellar pathology, with **one or more** of the following:
  - a. Lateral patellar compression syndrome, when either a positive patella glide or tilt test is present
  - b. Procedure concurrent with other patellar realignment procedures

Knee arthroscopy is **not covered** for the following indications because they are not considered medically necessary.

- 1. Arthroscopic debridement or lavage for a primary diagnosis of symptomatic knee osteoarthritis without a meniscal tear.
- 2. Knee osteoarthritis Kellgren-Lawrence grade\* 3 or 4 with a meniscal tear NOT meeting any of the criteria listed above.
- 3. Knee Osteoarthritis

**\*Kellgren-Lawrence Grading Scale**

Grade 1: doubtful narrowing of joint space and possible osteophytic lipping

Grade 2: definite osteophytes, definite narrowing of joint space

Grade 3: moderate multiple osteophytes, definite narrowing of joint space, some sclerosis and possible deformity of bone contour

Grade 4: large osteophytes, marked narrowing of joint space, severe sclerosis and definite deformity of bone contour

**II. MEDICAL NECESSITY REVIEW**

Required

Not Required

Not Applicable

### III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

### IV. DESCRIPTION

An arthroscope is a small fiberoptic telescope, used to visualize the inside of a joint for damaged tissue. The most common types of knee arthroscopic surgery include repair of a torn meniscus, ligament reconstruction, removal of loose debris and trimming damaged cartilage. Arthroscopy is less traumatic than an open surgical procedure. The smaller incisions promote faster healing and a more rapid recovery.

### V. CODING INFORMATION

**ICD-10 Codes that may apply:**

A18.02	Tuberculous arthritis of other joints
K68.11	Postprocedural retroperitoneal abscess
M00.061 - M00.069	Staphylococcal arthritis, knee
M00.161 - M00.169	Pneumococcal arthritis, knee
M00.261 - M00.269	Other streptococcal arthritis, knee
M00.861 - M00.869	Arthritis due to other bacteria, knee
M01.x61 - M01.x69	Direct infection of knee in infectious and parasitic diseases classified elsewhere

M02.861 - M02.869	Other reactive arthropathies, knee
M05.061 - M05.069	Felty's syndrome, knee
M05.661 - M05.669	Rheumatoid arthritis of knee with involvement of other organs and systems
M05.761 - M05.769	Rheumatoid arthritis with rheumatoid factor of knee without organ or systems involvement
M05.861 - M05.869	Other rheumatoid arthritis with rheumatoid factor of knee
M06.061 - M06.069	Rheumatoid arthritis without rheumatoid factor, knee
M06.1	Adult-onset Still's disease
M06.361 - M06.369	Rheumatoid nodule, knee
M06.861 - M06.869	Other specified rheumatoid arthritis, knee
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M08.461 - M08.469	Pauciarticular juvenile rheumatoid arthritis, knee
M11.869	Other specified crystal arthropathies, unspecified knee
M12.261 - M12.269	Villonodular synovitis (pigmented), knee
M22.00 - M22.02	Recurrent dislocation of patella, knee
M22.10 - M22.12	Recurrent subluxation of patella, knee
M22.2x1 - M22.2x9	Patellofemoral disorders, knee
M22.3x1 - M22.3x9	Other derangements of patella, knee
M22.40 - M22.42	Chondromalacia patellae, knee
M22.8x1 - M22.8x9	Other disorders of patella, right knee
M22.90 - M22.92	Unspecified disorder of patella, knee
M23.000 - M23.069	Cystic
M23.200 - M23.269	Derangement of l meniscus
M23.300 - M23.369	Other meniscus derangements
M23.50 - M23.52	Chronic instability of knee
M23.601 - M23.679	Other spontaneous disruption of ligament of knee
M23.8x1 - M23.8x9	Other internal derangements of knee
M23.90 - M23.92	Unspecified internal derangement of knee
M24.361 - M24.369	Pathological dislocation of knee
M24.461 - M24.469	Recurrent dislocation, knee
M24.561 - M24.569	Contracture, knee
M24.661 - M24.669	Ankylosis, knee
M24.80	Other specific joint derangements of unspecified joint, not elsewhere classified
M25.161 - M25.169	Fistula, knee
M25.261 - M25.269	Flail joint, knee
M25.361 - M25.369	Other instability, knee
M36.2	Hemophilic arthropathy
M36.3	Arthropathy in other blood disorders
M42.9	Spinal osteochondrosis, unspecified
M65.061 - M65.069	Abscess of tendon sheath, lower leg
M65.161 - M65.169	Other infective (teno)synovitis, knee
M65.861 - M65.869	Other synovitis and tenosynovitis, lower leg
M65.862 - M65.869	Other synovitis and tenosynovitis, lower leg
M66.0	Rupture of popliteal cyst
M67.261 - M67.269	Synovial hypertrophy, not elsewhere classified, lower leg
M67.361 - M67.369	Transient synovitis, knee
M67.50 - M67.52	Plica syndrome, knee

M67.861 - M67.862	Other specified disorders of synovium, knee
M67.863 - M67.864	Other specified disorders of tendon, knee
M67.864	Other specified disorders of tendon, knee
M67.869	Other specified disorders of synovium and tendon, unspecified knee
M71.061 - M71.069	Abscess of bursa, knee
M71.20 - M71.22	Synovial cyst of popliteal space [Baker], knee
M71.861 - M71.869	Other specified bursopathies, knee
M85.9	Disorder of bone density and structure, unspecified
M86.8x6	Other osteomyelitis, lower leg
M86.9	Osteomyelitis, unspecified
M89.9	Disorder of bone, unspecified
M90.861 - M90.869	Osteopathy in diseases classified elsewhere, lower leg
M93.261 - M93.269	Osteochondritis dissecans, knee
M93.961 - M93.969	Osteochondropathy, unspecified, lower leg
M99.86	Other biomechanical lesions of lower extremity
Q68.2	Congenital deformity of knee
Q74.1	Congenital malformation of knee
S72.411A - S72.416S	Displaced unspecified condyle fracture of lower end of femur, for fracture
S72.421A - S72.426S	Displaced fracture of lateral condyle of femur, for fracture
S72.431A - S72.431S	Displaced fracture of medial condyle of femur, for fracture
S72.433A - S72.433S	Displaced fracture of medial condyle of unspecified femur, for fracture
S72.434A - S72.436S	Nondisplaced fracture of medial condyle of femur, for fracture
S81.009A - S81.009S	Unspecified open wound, unspecified knee
S82.001A - S82.099S	Patella fracture
S82.101A - S82.199S	Fracture of upper end of tibia
S82.831A - S82.832S	Fracture of upper and lower end of fibula
S83.001A - S83.096S	Subluxation\dislocation of patella, initial encounter
S83.004A - S83.096S	Unspecified dislocation of patella
S83.106A - S83.146S	Dislocation\subluxation of proximal end of tibia, knee
S83.200A - S83.202S	Bucket-handle tear of unspecified meniscus, current injury, knee
S83.203A - S83.205S	Other tear of unspecified meniscus, current injury, knee
S83.206A - S83.209S	Unspecified tear of unspecified meniscus, current injury, knee
S83.211A - S83.219S	Bucket-handle tear of medial meniscus, current injury, knee
S83.221A - S83.229S	Peripheral tear of medial meniscus, current injury, knee
S83.231A - S83.239S	Complex tear of medial meniscus, current injury, knee
S83.241A - S83.249S	Other tear of medial meniscus, current injury, knee
S83.251A - S83.259S	Bucket-handle tear of lateral meniscus, current injury, knee
S83.261A - S83.269S	Peripheral tear of lateral meniscus, current injury, knee
S83.271A - S83.279S	Complex tear of lateral meniscus, current injury, knee
S83.281A - S83.289S	Other tear of lateral meniscus, current injury, knee
S83.30xA - S83.32xS	Tear of articular cartilage of unspecified knee
S89.001A - S89.009S	Unspecified physeal fracture of upper end of tibia, for closed fracture

S89.011A - S89.049S	Salter-Harris physal fracture of upper end of tibia, for fracture
S89.091A - S89.099S	Other physal fracture of upper end of right tibia, initial encounter for closed fracture
S89.80xA - S89.92xS	Other specified injuries of lower leg
T81.4xxA - T81.4xxS	Infection following a procedure, initial encounter
T84.50xA - T84.50xS	Infection and inflammatory reaction due to unspecified internal joint prosthesis
T84.53xA - T84.54xS	Infection and inflammatory reaction due to internal knee prosthesis
T84.7xxA - T84.7xxA	Infection and inflammatory reaction due to other internal orthopedic prosthetic devices, implants and grafts,

**CPT/HCPCS Codes**

29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
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 or 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)
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)
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 Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
- 29889 Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
  
- 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

See medical policy 91443 Autologous Chondrocyte Implant/Meniscal Allograft/Osteochondral Replacement for criteria for the following codes:

- 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

**ICD-10 Codes:**

*Non-covered indications for the procedures listed below.*

- M17.0 – M17.9 Osteoarthritis of knee
- M25.561 – M25.569 Pain in knee
- M25.661 – M25.669 Stiffness of knee

**CPT/HCPCS Codes:**

These procedures are not covered for the above diagnoses.

- 29870 Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
- 29877 Arthroscopy, knee, surgical; debridement/shaving of articular cartilage chondroplasty)

**VI. REFERENCES**

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