

## Knee Arthroscopy

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Effective Date 10/2023  
Next Review Date 10/2024  
Coverage Policy Surgical 135  
Version 4

**All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.\*.**

### Purpose:

This policy addresses the medical necessity of Knee Arthroscopy.

### Description & Definitions:

Knee Arthroscopy surgical procedure using a small incision to insert a small camera into the knee to view the joint.

### Criteria:

Knee Arthroscopy is considered medically necessary for **1 or more of the following**:

- Evaluation or treatment for intra-articular joint pathology, as indicated by **1 or more** of the following:
  - Mechanical symptoms, including locking, catching, and giving way
  - Loose body evident on plain x-rays or other imaging
  - Foreign body, including hardware, evident on plain x-rays or other imaging
  - Symptomatic plica for which nonoperative therapy has been tried and failed (eg, anti-inflammatory medication, physical therapy)
  - Symptomatic hemangioma
  - Chronic knee pain, effusion, or instability and **ALL** of the following:
    - Etiology of signs and symptoms is unknown.
    - Plain x-rays and MRI are nondiagnostic.
    - Diagnostic arthrocentesis with synovial fluid analysis was nondiagnostic or not indicated.
    - Investigation has ruled out other etiology of knee pain or arthritis (eg, gout, reactive arthritis).
    - Nonoperative therapy (eg, anti-inflammatory medication, physical therapy) has been tried and failed.
- Treatment of osteochondral defect (eg, osteochondritis dissecans), as indicated by **ALL** of the following:
  - Evidence of osteochondral defect on plain x-rays, MRI, or other imaging
  - Defect suitable for treatment, as indicated by 1 or more of the following:

- Displaced osteochondral lesion
- Presence of loose body
- Nondisplaced osteochondral lesion in adult
- Nondisplaced osteochondral lesion in child younger than 18 years and **1 or more** of the following:
  - Nonoperative therapy (eg, activity restriction, immobilization, weight-bearing as tolerated, physical therapy) has been tried and failed.
  - Non-traumatic lesion of 2 cm<sup>2</sup> or more
  - Patella dislocation or other trauma and lesion of 10 mm or more
- Treatment of torn meniscus as indicated by **1 or more** of the following:
  - Meniscal tear is displaced or obstructive (eg, knee locking).
  - Meniscal tear is associated with knee instability (eg, anterior or posterior cruciate ligament injury).
  - Symptoms persist after nonoperative treatment (eg, immobilization or activity restriction, knee brace, physical therapy).
  - Traumatic acute meniscal tear
  - Discoid meniscus with symptoms unresponsive to nonoperative therapy (eg, activity modification, anti-inflammatory medication, physical therapy)
- Meniscal cyst
- Treatment of ACL tear, as indicated by **ALL of** the following:
  - Evidence of ACL tear, including **1 or more** of the following:
    - Positive anterior drawer sign (ie, laxity with anterior stress to knee)
    - Positive pivot shift test
    - Positive Lachman test
    - MRI demonstrates ACL tear.
  - Treatment is indicated by **1 or more** of the following:
    - ACL tear coincident with injury of other major ligament, including **1 or more** of the following:
      - Medial collateral ligament
      - Anterolateral ligament
      - Posterior cruciate ligament
      - Posterolateral ligamentous corner
    - Locked knee secondary to concomitant displaced meniscal tear
    - Individual participates in sports activities involving cutting, jumping, and pivoting.
    - Persistent instability or interference in activities after trial of nonoperative therapy (eg, immobilization, knee brace, physical therapy)
    - ACL reconstruction required by individual's occupation (eg, law enforcement, firefighter, construction)
    - Skeletal immaturity (children and adolescents)
- Treatment of posterior cruciate ligament tear, as indicated by **ALL of** the following:
  - Evidence of posterior cruciate ligament tear, as indicated by **1 or more** of the following:
    - Positive posterior drawer sign (ie, laxity with posterior stress to knee)
    - Positive quadriceps active test
    - Positive posterior sag sign
    - Positive reversed pivot shift test
    - Positive stress-radiographic test (eg, posterior tibial side-to-side difference greater than 8 mm)
    - MRI demonstrates posterior cruciate ligament tear.
  - Treatment is indicated by additional presence of **1 or more** of the following:
    - Injury to posterolateral corner of knee
    - Medial collateral ligament tear
    - ACL tear
    - Concomitant avulsion fracture
    - Tibial displacement greater than 8 mm on stress radiographs

- Persistent instability or interference in activities after trial of nonoperative therapy (eg, immobilization, knee brace, physical therapy)
- Treatment of medial collateral ligament injury, as indicated by **1 or more** of the following:
  - Valgus laxity in full extension
  - Displaced peripheral meniscus tear
  - Severe retraction or displacement of ligament
  - Entrapment of ligament (Stener-type medial collateral ligament lesion)
  - Bony avulsion of superficial medial collateral ligament
  - Associated patella dislocation with medial patellofemoral ligament or semimembranous tendon avulsion
  - Concomitant tear of ACL or posterior cruciate ligament
- Treatment of lateral collateral ligament injury, as indicated by **1 or more** of the following:
  - Complete tear (Grade III) of ligament
  - Concomitant tear of ACL, MCL, or posterior cruciate ligament
- Excision of popliteal (Baker) cyst, as indicated by **ALL of the** following:
  - Evidence of popliteal cyst on clinical examination (visible or palpable bulge in popliteal fossa) or diagnostic imaging (eg, MRI, ultrasound, CT)
  - Nonoperative therapy (eg, activity modification, anti-inflammatory medication, aspiration with intracystic corticosteroid injection) has been tried and failed.
- Synovectomy is indicated to treat **1 or more** of the following:
  - Rheumatoid arthritis
  - Hemophilic joint disease
  - Pigmented villonodular synovitis
  - Lipoma arborescens
  - Other chronic inflammatory conditions (eg, antibiotic-resistant Lyme arthritis)
- Debridement, drainage, or lavage needed for **1 or more** of the following:
  - Osteomyelitis
  - Rheumatoid arthritis
  - Chondromalacia of the patella (ie, symptomatic, with fragmentation, and unresponsive to nonoperative therapy)
  - Infected joint
  - Arthrofibrosis (eg, after ACL repair, total knee arthroplasty, or trauma), as indicated by **ALL of the** following:
    - Loss of range of motion
    - Nonoperative care (eg, physical therapy, manipulation under anesthesia) has been tried and failed.
- Lateral retinacular release for patellar compression syndrome, as indicated by **1 or more** of the following:
  - Positive patella glide test
  - Positive patella tilt test
- Articular cartilage lesion and **ALL of the** following:
  - Symptoms attributed to chondral injury
  - Demonstrated cartilage defect on MRI or imaging
  - Nonoperative therapy (eg, anti-inflammatory medication, physical therapy) has been tried and failed.
- Arthroscopic-assisted fracture reduction

Knee arthroscopy is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Arthroscopic debridement or lavage for isolated primary diagnosis of osteoarthritis of the knee
- In-office diagnostic arthroscopy (e.g., mi-eye 2®)
- Lateral retinacular release for central or medial tracking of the patella for patellar compression syndrome (lateral patellofemoral impingement)

- Meniscal repair or partial meniscectomy when meniscal tear is associated with Kellgren-Lawrence grade  $\geq 3$  or modified Outerbridge grade  $> III$  osteoarthritis of the knee (exception may be granted for individuals under age 40)
- Partial meniscectomy for degenerative tears (horizontal cleavage, intrameniscal linear MRI signal penetrating one or both surfaces of the meniscus) with no associated mechanical symptoms

## Coding:

Medically necessary with criteria:

Coding	Description
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 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
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) 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
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
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

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

## Document History:

Revised Dates:

Reviewed Dates:

- 2023: October

Effective Date:

- July 2023

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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## Special Notes: \*

This medical policy express Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

### Keywords:

SHP Knee Arthroscopy, SHP Surgical 135, knee arthroscopy, intra-articular joint pathology, Chronic knee pain, osteochondral defect, osteochondritis dissecans, torn meniscus, Anterior Cruciate Ligament, ACL, Medial collateral ligament, Lateral collateral ligament, Posterolateral ligamentous corner, Skeletal immaturity, posterior cruciate ligament, Synovectomy, popliteal cyst, Baker cyst, Debridement, drainage, lavage, Lateral retinacular release, patellar compression syndrome, Articular cartilage lesion, Arthroscopic-assisted fracture reduction, Osteomyelitis, Rheumatoid arthritis, Chondromalacia of the patella, Infected joint, Arthrofibrosis, Hemophilic joint disease, Pigmented villonodular synovitis, Lipoma arborescens