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SHP Knee Arthroscopy

AUTH: SHP Surgical 135 (AC)

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of knee arthroscopy for the following as they are not shown to improve health outcomes upon technology review:
 - 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 ≥ 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
- There is insufficient scientific evidence to support the medical necessity of knee arthroscopy for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- 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 cm² 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 tea

- 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 **NOT COVERED** for **ANY** of the following
 - 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 ≥ 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

Document History

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- Revised Dates:
- Reviewed Dates:
- Effective Date: October 2022

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:

- CPT 29870 - Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
- CPT 29871 - Arthroscopy, knee, surgical; for infection, lavage and drainage
- CPT 29873 - Arthroscopy, knee, surgical; with lateral release
- CPT 29874 - Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
- CPT 29875 - Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
- CPT 29876 - Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
- CPT 29877 - Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
- CPT 29879 - Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
- CPT 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
- CPT 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
- CPT 29882 - Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
- CPT 29883 - Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
- CPT 29884 - Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
- CPT 29885 - Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
- CPT 29886 - Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
- CPT 29887 - Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
- CPT 29889 - Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
- HCPCS 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
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - None

References

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References used include but are not limited to the following:

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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Codes

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CPT® : 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29889
HCPCS: G0289

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