Medicare Medical Policy

Genicular Nerve Blocks and Nerve Ablation for Knee Pain

MEDICARE MEDICAL POLICY NUMBER: 354

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INSTRUCTIONS FOR USE: Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

SCOPE: Providence Health Plan, Providence Health Assurance, and Providence Plan Partners, as applicable (referred to individually as “Company” and collectively as “Companies”).

PRODUCT AND BENEFIT APPLICATION

☒ Medicare Only

MEDICARE COVERAGE CRITERIA

IMPORTANT NOTE: More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

Service	Medicare Guidelines
Genicular Nerve Block (diagnostic and therapeutic) and Genicular Cryoneurolysis (Iovera; 0441T)	Local Coverage Determination (LCD): Peripheral Nerve Injections and Procedures for Chronic Pain (L40265) **NOTE:** • **For genicular nerve blocks (GNBs),** see the coverage criteria found in section ***E. Genicular Nerve Injections and Procedures*** within the LCD L40265. • **For genicular cryoneurolysis (0441T),** The companion billing and coding article A60300 states, "The following CPT® codes are non-covered for pain management: 64430*, 64632*, 64420, 64421, 64620, 64450, 64640, 64999, 0440T, **0441T** and 0442T." Therefore, CPT code 0441T for any pain management indication, including genicular cryoneurolysis, may be considered not medically necessary. See Policy Guidelines below for more information about the use of this LCD for CPT codes 64454 and 64624. • **For** other techniques not otherwise addressed, such as **cooled RFA, pulsed RFA, and other cryoablation services, apply Company policy criteria** (see below).
Medicare Coverage Criteria: "MA organizations may create publicly accessible internal coverage criteria… when coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs." *(§ 422.101(b)(6) – see Policy Guidelines below*) • **Medicare Coverage Manuals:** Medicare does not have criteria for nerve blocks or nerve ablation procedures in a coverage manual. • **National Coverage Determination (NCD):** Medicare does not have an NCD for nerve blocks or nerve ablation procedures. • **Noridian J-F Local Coverage Determination (LCD)/Local Coverage Article (LCA):** As of the most recent policy review, no Medicare Administrative Contractors (MACs) have LCDs for	

	cooled RFA, pulsed RFA, or cryoablation of peripheral nerves to treat knee pain. Category III code 0441T represents cryoablation of a peripheral nerve. While the Noridian LCA A59753 instructs providers to use this code for the use of the Iovera system on the knee, this LCA does not indicate whether or not this service is considered medically reasonable or necessary. Rather, this LCA states Noridian reviews this service on a case-by-case basis for medical necessity. Therefore, this LCA is considered "not fully established" Medicare coverage criteria, and the Plan's internal coverage criteria are applied. • Therefore, in the absence of established Medicare coverage criteria in a manual, NCD, LCD, or other regulatory guidance for the health plan's service area, Company criteria below are applied for medical necessity decision-making. In this case, Medicare coverage criteria are considered "not fully established" as defined under CFR § 422.101(6)(i)(C) as there are no Medicare coverage criteria available. • ***NOTE:*** *The summary of evidence, as well as the list of citations/references used in the development of the Company's internal coverage criteria, are publicly available and can be found using the Company medical policy link below [CFR § 422.101(6)(ii)(A) and (B)].*
Other Ablative Procedures for The Treatment of Knee Pain (e.g., cooled RFA, pulsed RFA, cryoablation, etc.)	Company medical policy for Genicular Nerve Blocks and Nerve Ablation for Knee Pain I. These services are considered **not medically necessary** for Medicare based on the Company medical policy. *See Policy Guidelines below.*

IMPORTANT NOTICE: While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member's benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A).* If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. *(Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021)*

POLICY CROSS REFERENCES

None

The full Company portfolio of Medicare Medical Policies is available online and can be accessed here.

POLICY GUIDELINES

BACKGROUND

The nerves supplying the knee are called the genicular nerves, comprising the articular branches of the obturator, femoral, saphenous, common peroneal, and tibial nerves. These nerves provide innervation to the capsule of the knee joint, as well as to the intra-articular and extra-articular ligaments. They are thought to contribute to knee-related pain of various etiologies, including but not limited to degenerative joint diseases such as osteoarthritis, chronic pain including knee pain that exists after total

knee arthroplasty (TKA) surgery. Nerve ablation procedures proposed to treat knee pain include, but may not be limited to, the following:

- Radiofrequency ablation (RFA) is a minimally invasive treatment proposed to temporarily reduce pain with various causes. This technique is also known as radiofrequency lesioning, radiofrequency nerve ablation (RFNA), radiofrequency neurotomy, denervation, or rhizotomy. Different types include:
    - Conventional RFA
    - Cooled radiofrequency ablation/denervation (also known as C-RFA)
    - Pulsed RFA
- Cryoablation. This may also be known as cryosurgery, cryodenervation, cryogenic neuroablation, cryoneurolysis, or cryoanalgesia.
- Chemical ablation, which may also be referred to as chemical neurolysis, chemical denervation or chemodenervation.
- Genicular nerve blocks (GNB). A GNB generally involves the injection of an anesthetic agent (e.g., lidocaine, bupivacaine) and may be performed to determine suitability for RFA.
    - During the procedure radiofrequency (RF) energy delivers heat to the target nerve thereby creating a lesion that stops pain input to the central nervous system. Prior to planning the RFA procedure, a diagnostic genicular nerve block is conducted to ensure that the patient is a suitable candidate for RFA, usually under fluoroscopic or ultrasonographic guidance.

MEDICARE AND MEDICAL NECESSITY

Only medically reasonable and necessary services or items which treat illness or injury are eligible for Medicare coverage, as outlined in *Title XVIII of the Social Security Act, §1862(a)(1)(A)*.

Conventional RFA, Neurolytic Agent, or Genicular Nerve Blocks

Noridian Healthcare Solutions (Noridian) – Jurisdiction F (J-F) – is the designated Medicare Administrative Contractor (MAC) with oversight over the states of Oregon and Washington. Noridian does not directly include CPT codes 64454 or 64624 in any LCD or LCA for their J-F contract service area. According to communications received directly from Noridian:

> *"Guidance found in the Local Cover Determinations (LCD)/Local Coverage Articles (LCA) are specific to codes listed in the LCA.* ***Guidance may also apply to other procedure codes not listed in the LCA.*** *For those codes not listed in the LCA, services should be performed by trained providers and documentation supporting medical necessity should be included in the patient's records."*

Based on the above Noridian instruction, the health plan applies the LCD L35457 (as of 3/5/26, L35456) to services represented by CPT codes 64454 and 64624 based on the **intent** of coverage found in the LCD regarding the use of these nerve block procedures, combined with the inclusion of knee pain diagnosis codes within the companion LCA.

In addition, two (2) other Medicare Contractors have relevant LCDs and LCAs which consider injections and radiofrequency of the genicular nerve to be medically indicated for knee pain ICD-10 codes. The plans use of the Noridian LCD allows the health plan to be consistent with Medicare coverage across multiple Medicare jurisdictions. Therefore, these services may be considered medically necessary by the health plan for Medicare Plan members.

The treatment may involve two phases or stages.

1. The first procedure (CPT 64454) includes the use of nerve blocks to evaluate the individual's response to pain relief options and determine whether or not the application of thermal radiofrequency might be effective. Using fluoroscopic guidance, an injection of a numbing agent is applied at the site of the nerves. After performing activities that are typically painful, the level of knee pain is evaluated. If the pain is greatly relieved, there is a good chance the radiofrequency ablation treatment will help the knee pain.
2. If the procedure yielded positive results, then in the second procedure (CPT 64624), the radiofrequency ablation procedure is performed. A special needle is placed at the site of the nerves and the tip is heated to ablate or de-activate the nerve.

Other Genicular Nerve Block Procedures

MA organizations (MAOs) make medical necessity determinations based on coverage and benefit criteria, current standards of care, the member's unique personal medical history (e.g., diagnoses, conditions, functional status, co-morbidities, etc.), physician recommendations, and clinical notes, as well as involvement of a plan medical director, where appropriate. *(§ 422.101(c)(1))*

In addition:

> "MA organizations may create publicly accessible internal coverage criteria that are based on current evidence in widely used treatment guidelines or clinical literature when coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs. Current, widely-used treatment guidelines are those developed by organizations representing clinical medical specialties, and refers to guidelines for the treatment of specific diseases or conditions. Acceptable clinical literature includes large, randomized controlled trials or prospective cohort studies with clear results, published in a peer-reviewed journal, and specifically designed to answer the relevant clinical question, or large systematic reviews or meta-analyses summarizing the literature of the specific clinical question." *(§ 422.101(b)(6) and Medicare Managed Care Manual, Ch. 4, §90.5)*

The Medicare medical policy for *PHA Medicare Medical Policy Development and Application* (MP50) provides details regarding Medicare's definition of medical necessity and the hierarchy of Medicare references and resources during the development of medical policies, as well as the Plan's use of evidence-based processes for policy development.

While the local Medicare contractor – Noridian – has an LCD for nerve blockades used for the treatment of chronic pain or neuropathy, it does not address all types of ablative procedures (e.g., cooled RFA, pulsed RFA, and cryoablation [CPT 0441T]). In addition, there is a Noridian LCA for cryoneurolysis billing

instructions (A59752), which states for the use of Iovera system on the knee to use 0441T; however, this LCA does not provide "fully established" coverage criteria. Therefore, since there are not fully established coverage criteria for cooled RFA, pulsed RFA, and cryoablation available in applicable Medicare statutes, regulations, NCDs or LCDs, then Company medical policy criteria will be applied. See the Medicare Coverage Criteria table above for more information regarding the use of internal coverage criteria when Medicare coverage criteria are not fully established.

REGULATORY STATUS

U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

- Several radiofrequency and cryosurgery devices have been cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process. Radiofrequency (RF) probes and lesion generators are considered class II devices. The FDA has approved over 60 RF probes (product code: GXI) and over 40 RF lesion generators (product code: GXD). Below are examples of these devices.

- NeuroTherm® NT 2000 (NeuroTherm, Inc.) received 510K clearance in 2011. The FDA determined that this device was substantially equivalent to existing devices for use in lesioning neural tissue in the peripheral nervous system. Existing predicate devices included the NeuroTherm NT 1000 (cleared in 2006), Stryker Interventional Pain RF Generator and RF Electrodes and Cannulae (2004), and Cosman G4 RF Generator (cleared in 2008).

- The Stryker MultiGen™ 2 RF Generator System received 510K clearance in 2017 for "coagulation of soft tissues in orthopedic, spinal, and neurosurgical applications. Examples include, but are not limited to: Facet Denervation, Trigeminus Neuralgia, Peripheral Neuralgia and Rhizotomy."[1] This system may be used for both pulsed and non-pulsed/conventional RFA, depending on the setting.

- The iovera° system (Myoscience, Inc) originally received 510K clearance in 2014 to produce lesions in peripheral nervous tissue to block pain. In 2017 (K1737637) indications for use were expanded specifically for the knee, stating that the device could also be used "for the relief of pain and symptoms associated with osteoarthritis of the knee for up to 90 days."[2]

- Coolief Cooled RF Probe (Halyard Health, Inc.) received 510K clearance (K163461) in 2017 for "creating radiofrequency lesions of the genicular nerves for the management of moderate to severe knee pain of more than 6 months with conservative therapy, including medication, in patients with radiologically-confirmed osteoarthritis (grade 2-4) and a positive response (≥50% reduction in pain) to a diagnostic genicular nerve block the relief of chronic, moderate to severe, knee pain caused by osteoarthritis (OA)."[3]

BILLING GUIDELINES AND CODING

GENERAL

See associated local coverage articles (LCAs) for related billing and coding guidance, as well as medically necessary diagnosis coding:

- LCA: Billing and Coding: Peripheral Nerve Injections and Procedures for Chronic Pain (A60300)

Genicular Nerve Block

The following codes represent **genicular nerve block** procedures which have recently emerged as an alternative treatment for chronic knee pain.

• 64454: Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed

CPT instructions state that code 64454 "requires injecting all of the following genicular nerve branches: superolateral, superomedial, and inferomedial. If all 3 of these genicular nerve branches are not injected, report 64454 with modifier 52."

Radiofrequency Ablation

Radiofrequency treatment is considered a neurolytic agent by CPT. CPT code 64640 would be reported for **radiofrequency ablation** of a peripheral nerve, and CPT 64624 would be reported for radiofrequency ablation of the genicular nerve.

• 64624: Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
• 64640: Destruction by neurolytic agent; other peripheral nerve or branch

CPT instructions state that code 64624 "requires the destruction of each of the following genicular nerve branches: superolateral, superomedial, and inferomedial. If a neurolytic agent for the purposes of destruction is not applied to all of these nerve branches, report 64624 with modifier 52."

For CPT 64640:

- **For services prior to 11/1/2026:** The code 64640 is not specific to the procedures and/or indications addressed in this policy. CPT code 64640 will deny as **not medically necessary** when **not** reported with an ICD-10 code that supports medical necessity for Medicare, as determined by the relevant nerve blockade LCA A56034.
- **For services on/after 11/1/2026:** The LCA A60300 states, "The following CPT® codes are non-covered for pain management: 64430*, 64632*, 64420, 64421, 64620, 64450, **64640,** 64999, 0440T, 0441T and 0442T." Therefore, CPT code 64640 for any pain management indication may be considered **not medically necessary** as of 11/1/2026.

CPT instructs that **pulsed radiofrequency treatment** is reported with an unlisted code.

Cryoablation

Category III code 0441T represents **cryoablation of a peripheral nerve**. Noridian instructs providers to use this code for the use of the Iovera system on the knee (A59752). However, this LCA does not indicate whether or not this is considered a covered service. This LCA states Noridian reviews this service on a case-by-case basis for medical necessity.

The code 0441T is also not specific to the procedures and/or indications addressed in this policy.

- **For services prior to 11/1/2026:** Category III code 0441T will be considered **not medically necessary** for the therapies addressed in this policy when the request is for any of the ICD-10 diagnosis codes present in the Billing Guidelines Appendix below.
- **For services on/after 11/1/2026:** The LCA A60300 states, "The following CPT® codes are non-covered for pain management: 64430*, 64632*, 64420, 64421, 64620, 64450, 64640, 64999, 0440T, **0441T** and 0442T." Therefore, CPT code 0441T for any pain management indication, including but not limited to genicular cryoneurolysis, may be considered **not medically necessary** for even more pain-related diagnosis codes than those listed in the Appendix below as of 11/1/2026).

CODES*		
CPT	0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve
	1096T	Injection(s) of thermoregulated multiphase suspension to demyelinate nerves innervating the knee joint, including imaging guidance, when performed
	20999	Unlisted procedure, musculoskeletal system, general
	27599	Unlisted procedure, femur or knee
	64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed
	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
	64640	Destruction by neurolytic agent; other peripheral nerve or branch
	64999	Unlisted procedure, nervous system
HCPCS	C9809	Cryoneurolysis needle (e.g., iovera system), including needle/tip and all disposable system components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the CAA, 2023)

***Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, "presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare." The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. *(Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician's Fee Schedule, A. Physician's Services)*
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is

submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.

- **See the non-covered and prior authorization lists on the Company Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as "medically unlikely edits" (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. U.S. Food & Drug Administration (FDA). 510(k) premarket notification (K170242). MultiGen™ 2 RF Generator System. Indications for Use. Approved: 05/25/2017. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm?ID=K170242. Accessed 8/17/2026.
2. U.S. Food & Drug Administration (FDA). 510(k) premarket notification (K220656). iovera system. Indications for Use. Approved: 5/20/2022. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm?ID=K220656. Accessed 8/17/2026.
3. U.S. Food & Drug Administration (FDA). 510(k) premarket notification (K163461). Coolief* Cooled RF Probe. Indications for Use. Approved: 04/13/2017. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm?ID=K163461. Accessed 8/17/2026.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	New Medicare Advantage medical policy
12/2023	Annual review; no criteria changes but language revision due to policy changes from "Investigational" to "not medically necessary", update title
4/2024	Interim update; correct "Policy Guidelines" section regarding ablative procedures
6/2024	Interim update; expand "Policy Guidelines" to explain use of Noridian LCD L35457
10/2024	Annual review; no criteria changes, update coding guidance and CMS regulatory language
1/2025	Q1 2025 code updates
11/2025	Annual review; no criteria changes (9/30/2025: Replaced A59753 with A59752 due to Noridian JF consolidation with JE LCD policies) (3/6/2026: Replaced LCD L35457 with L35456 due to Noridian JF consolidation with JE LCD policies)
7/2026	Q3 2026 code updates
10/2026	Annual review and Q4 2026 code updates; no criteria changes
11/2026	Interim update; Replace LCD L35456/A52725 with L40265/A60300

APPENDICES

Diagnosis codes for knee pain may include but are not limited to any of the ICD-10 codes listed below. Additional ICD codes may apply.

Appendix I: Not medically necessary indications for **CPT 0441T**.

CODE OR RANGE	DESCRIPTION
M0516	Rheumatoid lung disease with rheumatoid arthritis of knee
M05161	Rheumatoid lung disease with rheumatoid arthritis of right knee
M05162	Rheumatoid lung disease with rheumatoid arthritis of left knee
M05169	Rheumatoid lung disease with rheumatoid arthritis of unspecified knee
M0526	Rheumatoid vasculitis with rheumatoid arthritis of knee
M05261	Rheumatoid vasculitis with rheumatoid arthritis of right knee
M05262	Rheumatoid vasculitis with rheumatoid arthritis of left knee
M05269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee
M0536	Rheumatoid heart disease with rheumatoid arthritis of knee
M05361	Rheumatoid heart disease with rheumatoid arthritis of right knee
M05362	Rheumatoid heart disease with rheumatoid arthritis of left knee
M05369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee
M0546	Rheumatoid myopathy with rheumatoid arthritis of knee
M05461	Rheumatoid myopathy with rheumatoid arthritis of right knee
M05462	Rheumatoid myopathy with rheumatoid arthritis of left knee
M05469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee
M0556	Rheumatoid polyneuropathy with rheumatoid arthritis of knee
M05561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
M05569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee
M0566	Rheumatoid arthritis of knee with involvement of other organs and systems
M05661	Rheumatoid arthritis of right knee with involvement of other organs and systems
M05662	Rheumatoid arthritis of left knee with involvement of other organs and systems
M05669	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems
M0576	Rheumatoid arthritis with rheumatoid factor of knee without organ or systems involvement
M05761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement
M05762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement
M05769	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement
M0586	Other rheumatoid arthritis with rheumatoid factor of knee
M05861	Other rheumatoid arthritis with rheumatoid factor of right knee
M05862	Other rheumatoid arthritis with rheumatoid factor of left knee
M05869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee
M0606	Rheumatoid arthritis without rheumatoid factor, knee
M06061	Rheumatoid arthritis without rheumatoid factor, right knee
M06062	Rheumatoid arthritis without rheumatoid factor, left knee
M06069	Rheumatoid arthritis without rheumatoid factor, unspecified knee
M06261	Rheumatoid bursitis, right knee
M06262	Rheumatoid bursitis, left knee
M06269	Rheumatoid bursitis, unspecified knee
M0686	Other specified rheumatoid arthritis, knee
M06861	Other specified rheumatoid arthritis, right knee
M06862	Other specified rheumatoid arthritis, left knee

M06869	Other specified rheumatoid arthritis, unspecified knee
M0806	Unspecified juvenile rheumatoid arthritis, knee
M08061	Unspecified juvenile rheumatoid arthritis, right knee
M08062	Unspecified juvenile rheumatoid arthritis, left knee
M08069	Unspecified juvenile rheumatoid arthritis, unspecified knee
M0826	Juvenile rheumatoid arthritis with systemic onset, knee
M08261	Juvenile rheumatoid arthritis with systemic onset, right knee
M08262	Juvenile rheumatoid arthritis with systemic onset, left knee
M08269	Juvenile rheumatoid arthritis with systemic onset, unspecified knee
M0846	Pauciarticular juvenile rheumatoid arthritis, knee
M08461	Pauciarticular juvenile rheumatoid arthritis, right knee
M08462	Pauciarticular juvenile rheumatoid arthritis, left knee
M08469	Pauciarticular juvenile rheumatoid arthritis, unspecified knee
M08.861-M08.869	Other juvenile arthritis, knee
M08.961-M08.969	Juvenile arthritis, unspecified, knee
M12.561-M12.569	Traumatic arthropathy, knee
M12.861-M12.869	Other specific arthropathies, not elsewhere classified, knee
M13.161-M13.169	Monoarthritis, not elsewhere classified, knee
M13.861-M13.869	Other specified arthritis, knee
M174	Other bilateral secondary osteoarthritis of knee
M175	Other unilateral secondary osteoarthritis of knee
M172	Bilateral post-traumatic osteoarthritis of knee
M1710	Unilateral primary osteoarthritis, unspecified knee
M1711	Unilateral primary osteoarthritis, right knee
M1712	Unilateral primary osteoarthritis, left knee
M1730	Unilateral post-traumatic osteoarthritis, unspecified knee
M1731	Unilateral post-traumatic osteoarthritis, right knee
M1732	Unilateral post-traumatic osteoarthritis, left knee
M17.0-M17.9	Osteoarthritis of knee
M21.061-M21.069	Valgus deformity, not elsewhere classified, knee
M21.161-M21.169	Varus deformity, not elsewhere classified, knee
M21.261-M21.269	Flexion deformity, knee
M22.00-M22.92	Disorder of patella
M23.000-M23.92	Internal derangement of knee
M24.361-M24.369	Pathological dislocation of knee, not elsewhere classified
M24.461-M24.469	Recurrent dislocation, knee
M24.561-M24.569	Contracture, knee
M24.661-M24.669	Ankylosis, knee
M25.361-M25.369	Other instability, knee
M25.561-M25.569	Pain in knee
M25.661-M25.669	Stiffness of knee, not elsewhere classified
M25.761-M25.769	Osteophyte, knee
M25.861-M25.869	Other specified joint disorders, knee
M66.0	Rupture of popliteal cyst
M67.361-M67.369	Transient synovitis, knee
M67.461-M67.469	Ganglion, knee
M67.50-M67.52	Plica syndrome
M67.861-M67.869	Other specified disorders of synovium and tendon, knee
M70.40-M70.42	Prepatellar bursitis

M70.50-M70.52	Other bursitis of knee
M71161	Other infective bursitis, right knee
M71162	Other infective bursitis, left knee
M71169	Other infective bursitis, unspecified knee
M71561	Other bursitis, not elsewhere classified, right knee
M71562	Other bursitis, not elsewhere classified, left knee
M71569	Other bursitis, not elsewhere classified, unspecified knee
M71.20-M71.22	Synovial cyst of popliteal space
M92.40-M92.42	Juvenile osteochondrosis of patella
M92.50-M92.52	Juvenile osteochondrosis of tibia and fibula
M94.261-M94.269	Chondromalacia, knee
S80.00XA-S80.02XS	Contusion of knee
S83.101A-S83.196S	Subluxation and dislocation of knee
S83.401A-S83.92XS	Sprain of knee
S87.00XA-S87.02XS	Crushing injury of knee
T84.84XA-T84.84XS	Pain due to internal orthopedic prosthetic devices, implants and grafts
Z96.651-Z96.659	Presence of artificial knee joint