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Surgery of the Knee Knee Replacement Surgery (Arthroplasty), Total and Partial (for Louisiana Only)

Policy Number: CS068LA. [QR](#)

Effective Date: ~~June 1, 2022~~ [TBD](#)

[Instructions for Use](#)

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Application

This Medical Policy only applies to the state of Louisiana.

Coverage Rationale

Surgery of the knee ~~Knee replacement surgery (arthroplasty)~~ is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures:

- [Arthroscopy or Arthroscopically Assisted Surgery, Knee](#)
- [Arthroscopy or Arthroscopically Assisted Surgery, Knee \(Pediatric\)](#)
- [Arthroscopy, Diagnostic, +/- Synovial Biopsy, Knee](#)
- [Arthrotomy, Knee](#)
- Removal and Replacement, Total Joint Replacement (TJR), Knee
- Total Joint Replacement (TJR), Knee
- Unicondylar or Patellofemoral Knee Replacement

Click [here](#) to view the InterQual® criteria.

Documentation Requirements

Provide medical notes documenting the following:

- ~~Specific diagnostic image(s) that shows the abnormality for which surgery is being requested, which may include MRI, CT scan, X-ray, and/or bone scan; consultation with requesting surgeon may be of benefit to select the optimal image(s)~~
 - ~~**Note:** Diagnostic images must be labeled with the:~~
 - ~~Date taken~~
 - ~~Applicable case number obtained at time of notification, or the member's name and ID number on the image(s)~~
 - ~~Submission of diagnostic image(s) is required via the external portal at www.uhcprovider.com/paan; faxes will not be accepted~~
- ~~Diagnostic image(s) report(s)~~
- ~~Condition requiring procedure~~
- ~~Severity of pain and details of functional disability(ies) interfering with activities of daily living (preparing meals, dressing, driving, walking) using a standard scale, such as the Western Ontario and McMaster Universities Arthritis Index (WOMAC) or the Knee injury and Osteoarthritis Outcome Score (KOOS)~~
- ~~Physician's treatment plan including pre-op discussion~~
- ~~Pertinent physical examination of the relevant joint~~
- ~~Co-morbid medical condition(s)~~
- ~~Therapies tried and failed of the following, including dates:~~
 - ~~Orthotics~~
 - ~~Medications/injections~~
 - ~~Physical therapy~~
 - ~~Surgical~~
 - ~~Other pain management procedures~~
- ~~Date of failed previous surgery to the same joint (proximal tibial or distal femoral osteotomy, if applicable)~~
- ~~For revision surgery, include documentation of the complication and the complete (staged) surgical plan~~
- ~~For CPT codes 27446 and 27447, if the location is being requested as an inpatient stay, provide medical notes to support at least **one** of the following:~~
 - ~~Surgery is bilateral~~
 - ~~Member has significant co-morbidities; include the list of comorbidities and current treatment~~
 - ~~Member does not have appropriate resources to support post-operative care after an outpatient procedure; include the barriers to care as an outpatient~~

Definitions

Knee injury and Osteoarthritis Outcome Score (KOOS): The KOOS was developed with the purpose of evaluating short-term and long-term symptoms and function in individuals with knee injury and osteoarthritis. The KOOS collects data on five knee-specific patient-centered outcomes: (1) pain; (2) other symptoms such as swelling, restricted range of motion and mechanical symptoms; (3) disability on the level of daily activities; (4) disability on a level physically more demanding than activities of daily living; (5) mental and social aspects such as awareness and lifestyle changes (Roos, 2003; White, 2016).

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Significant Radiographic Findings: Kellgren-Lawrence classification of osteoarthritis grade 4-large osteophytes, marked joint space narrowing, severe sclerosis, definite bone ends deformity (Kohn, ~~et al.~~, 2016; Dowsey, ~~et al.~~, 2012).

Western Ontario and McMaster Universities Arthritis Index (WOMAC): The WOMAC is a disease-specific, self-administered questionnaire developed to evaluate patients with hip or knee osteoarthritis. It uses a multi-dimensional scale composed of 24 items grouped into three dimensions: pain, stiffness and physical function (White, 2016).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
<u>27437</u>	<u>Arthroplasty, patella; without prosthesis</u>
<u>27438</u>	<u>Arthroplasty, patella; with prosthesis</u>
<u>27440</u>	<u>Arthroplasty, knee, tibial plateau</u>
<u>27441</u>	<u>Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy</u>
<u>27442</u>	<u>Arthroplasty, femoral condyles or tibial plateau(s), knee</u>
<u>27443</u>	<u>Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy</u>
27445	Arthroplasty, knee, hinge prosthesis (e.g., Walldius type)
27446	Arthroplasty, knee, condyle and plateau; medial or lateral compartment
27447	Arthroplasty, knee, condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee arthroplasty)
27486	Revision of total knee arthroplasty, with or without allograft; 1 component
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
<u>29870</u>	<u>Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)</u>
<u>29871</u>	<u>Arthroscopy, knee, surgical; for infection, lavage and drainage</u>
<u>29873</u>	<u>Arthroscopy, knee, surgical; with lateral release</u>
<u>29874</u>	<u>Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)</u>
<u>29875</u>	<u>Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)</u>
<u>29876</u>	<u>Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (e.g., medial or lateral)</u>

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CPT Code	Description
<u>29877</u>	<u>Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)</u>
<u>29880</u>	<u>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</u>
<u>29881</u>	<u>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</u>
<u>29882</u>	<u>Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)</u>
<u>29883</u>	<u>Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)</u>
<u>29884</u>	<u>Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)</u>
<u>29885</u>	<u>Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)</u>
<u>29886</u>	<u>Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion</u>
<u>29887</u>	<u>Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation</u>
<u>29888</u>	<u>Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction</u>
<u>29889</u>	<u>Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction</u>

CPT® is a registered trademark of the American Medical Association

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Surgeries of the knee are procedures ~~Knee replacement surgery is a procedure and therefore is not regulated by the FDA. However, devices and instruments used during the surgery require FDA approval. See Refer to the following website for additional information: (product codes MBH, JWH, KRO):~~
<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed August 15, 2022 ~~January 20, 2020~~)

~~FDA-approved knee replacement surgery devices are generally approved for any or all of the following:~~

- ~~• Non-inflammatory degenerative joint disease such as osteoarthritis~~
- ~~• Rheumatoid arthritis~~
- ~~• Post-traumatic arthritis~~
- ~~• Complex fracture(s) of the distal (lower) femur~~

Surgery of the Knee ~~Knee Replacement Surgery (Arthroplasty), Total and Partial (for Louisiana Only)~~

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- ~~Revision of failed knee replacement surgery~~
- ~~Correction of functional deformity~~

References

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Roos EM, Lohmander LS. The Knee injury and Osteoarthritis Outcome Score (KOOS): from joint injury to osteoarthritis. Health Qual Life Outcomes. 2003;1:64. Published 2003 Nov 3.

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White DK, Master H. Patient-reported measures of physical function in knee osteoarthritis. Rheum Dis Clin North Am. 2016;42(2):239-252.

Policy History/Revision Information

Date	Summary of Changes
<u>TBD</u>	<p><u>Title Change</u></p> <ul style="list-style-type: none"> • <u>Previously titled Knee Replacement Surgery (Arthroplasty), Total and Partial (for Louisiana Only)</u> <p><u>Coverage Rationale</u></p> <ul style="list-style-type: none"> • <u>Replaced language indicating "knee replacement surgery (arthroplasty) is proven and medically necessary in certain circumstances" with "surgery of the knee is proven and medically necessary in certain circumstances"</u> • <u>Revised medical necessary clinical coverage criteria; added reference to the InterQual® CP: Procedures:</u> <ul style="list-style-type: none"> ○ <u>Arthroscopy or Arthroscopically Assisted Surgery, Knee</u> ○ <u>Arthroscopy or Arthroscopically Assisted Surgery, Knee (Pediatric)</u> ○ <u>Arthroscopy, Diagnostic, +/- Synovial Biopsy, Knee</u> ○ <u>Arthrotomy, Knee</u> • <u>Removed content addressing documentation requirements</u> <p><u>Definitions</u></p> <ul style="list-style-type: none"> • <u>Added definition of:</u> <ul style="list-style-type: none"> ○ <u>Knee injury and Osteoarthritis Outcome Score (KOOS)</u> ○ <u>Western Ontario and McMaster Universities Arthritis Index (WOMAC)</u> <p><u>Applicable Codes</u></p>

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- Added CPT codes 27437, 27438, 27440, 27441, 27442, 27443, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, and 29889
- Supporting Information
- Updated FDA and References sections to reflect the most current information
 - Archived previous policy version CS068LA.Q

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.