

Subject: Total Joint Replacement (Hip and Knee) for Medicare

Medical Policy #: 20.13

Status: Reviewed

Original Effective Date: 07/22/2020

Last Review Date: 07/27/2022

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Lower Extremity Major Joint Replacement or Arthroplasty refers to the replacement of the hip or knee joint. The goal of total hip or knee replacement surgery is to relieve pain and improve or increase functional activity of the member.

The surgical treatment (arthroplasty) is the replacement of the damaged joint with a prosthesis. The chief reasons for joint arthroplasty (total joint replacement) are osteoarthritis, rheumatoid arthritis, traumatic arthritis (result of a fracture), osteonecrosis, malignancy, and revisions of previous surgery. Treatment options include physical therapy, analgesics or anti-inflammatory medications. The aim is to improve functional status and relieve pain. Arthroplasty failures are caused by trauma, chronic progressive joint disease, prosthetic loosening and infection of the prosthetic joint

Coverage Determination

Prior Authorization is required for 27130, 27132, 27134, 27447, 27486, and 27487. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

PHP follows LCD ([L36007](#)) for Lower Extremity Major Joint Replacement for both Hip and Knee for Medicare members for the following:

- Total Knee Arthroplasty (TKA)
 - Knee revision or repeat procedure for failed previous joint replacement/arthroplasty
- Total Hip Arthroplasty (THA)
 - Hip revision or repeat procedure for failed previous HIP replacement/arthroplasty
- Limitations
- Documentation Requirements
 - Additional Documentation Requirements Specific to Joint Arthroplasty:
 - When the procedure is indicated for advanced joint disease.
- Utilization Guidelines

For Unicompartmental Knee Replacement (See [MPM 41.0](#)). For knee joint replacement surgery specific to unicompartmental (damage confined to one compartment) knee replacement done for patients with osteoarthritis of the knee; the coverage outlined in this policy do **not** apply to unicompartmental knee replacement surgery.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Total Hip Arthroplasty
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft

CPT Codes	Total Hip Arthroplasty
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft

CPT Codes	Total Knee Arthroplasty
27445	Arthroplasty, knee, hinge prosthesis (e.g., Walldius type)
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartment 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

ICD-10 CM	See LCA A56796 for current list of Diagnosis Codes
Note: There are over 1300 diagnosis that support the above listed procedure codes. Access CMS ICD-10 listing on the Local Coverage Article (LCA), Lower Extremity Major Joint Replacement (HIP and Knee) (A56796) for covered diagnoses.	

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: [Gray Clarke MD](#)
Senior Medical Director: [David Yu MD](#)
Medical Director: [Ana Maria Rael MD](#)
Date Approved: 07/27/2022

References

1. CMS, Novitas Solutions, LCD (L36007), Lower Extremity Major Joint Replacement (Hip and Knee), Revision Seven, R10, revision date: 11-14-2019. [Cited 06-14-22]
2. CMS, Local Coverage Article, Billing and Coding: Lower Extremity Major Joint Replacement, (Hip and Knee) (A56796), Effective: 11/14/2019, R1. [Cited 06-14-2022].
3. American Academy of Orthopaedic Surgeons (AAOS), Obesity and Musculoskeletal Care, Information Statement, © June 2022 American Academy of Orthopaedic Surgeons®. Revised February 2022 [06-10-2022]
4. American Academy of Orthopaedic Surgeons, [Tobacco Use and Orthopaedic Surgery](#), February 2016. [Cited 06/14/2022]
5. OrthoInfo, Copyright 1995-2020 by the American Academy of Orthopaedic Surgeons, [Obesity, Weight Loss, and Joint Replacement Surgery](#), Last Reviewed December 2020. [Cited 06/14/2022]
6. MLN Booklet Major Joint Replacement (Hip or Knee) ICN 909065 May 2017. www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/jointreplacement-ICN909065.pdf. [Cited 06/15/2022]

Publication History

- 07-22-20 New policy: Reviewed by PHP Medical Policy Committee on 06/30/20. New policy specific to Medicare. Prior authorization will apply to this policy for Total Hip Arthroplasty 27130, 27132, 27134; & Total Knee Arthroplasty 27447, 27486, and 27487.
- 07-28-21 Annual review. Reviewed by the PHP Medical Policy Committee on 07/16/2021. No change to criteria. Continue to follow LCD L36007, which is still on revision 10 also no change to LCA A56796. The Prior Authorization requirement will continue for hip codes: 27130, 27132, 27134; & Knee codes: 27447, 27486, and 27487.
- 07-27-22 Annual review. Reviewed by the PHP Medical Policy Committee on 06/15/2022. Continue to follow LCD (L36007) for Medicare and LCA (A56796). The coverage determination guideline language removed from policy and reformatted to only include description of services with CMS LCD weblinks. The Prior Authorization requirement will continue for hip codes: 27130, 27132, 27134; & knee codes: 27447, 27486, and 27487.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.