

Subject: Unicompartmental Knee Replacement

Medical Policy #: 41.0

Status: Reviewed

Original Effective Date: 07/22/2020

Last Review Date: 07-26-2023

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

In unicompartmental knee replacement (also called "partial" knee replacement) only a portion of the knee is resurfaced. This procedure is an alternative to partial knee replacement for patients whose disease is limited to just a single damaged compartment of the knee; such as:

- Medial or lateral
- Patellofemoral

Coverage Determination

Prior Authorization is not required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

Benefit is covered for Medicaid and Commercial and Medicare members

I. PARTIAL KNEE REPLACEMENT

Clinical Indications for Procedure

- Distal femur fracture
- Malignancy of distal femur, proximal tibia, knee joint, soft tissues
- Avascular necrosis of the knee
- Revision

Partial knee arthroplasty for the above four indications will be approved based upon indication for the procedure alone.

If indication for procedure is advanced degenerative joint disease, total joint replacement will be considered medically necessary when the following conditions are met:

A. Symptoms (1 or more of the following):

1. Disabling pain
2. Significant functional disability

AND

B. Radiological findings consistent with significant osteoarthritis (at least two of the following):

1. Severe joint space narrowing
2. Osteophyte formation
3. Joint subluxation
4. Deformity or mal alignment
5. Subchondral sclerosis

OR

6. Arthroscopic findings of severe denudation of articular cartilage.

AND

C. Optimal medical management has been tried and failed for (please see recommendations for non-operative treatment of knee and osteoarthritis), including:

1. Self-management program (≥ 6 weeks) that includes
 - a. Strengthening

AND

 - b. Low impact aerobic activities

AND one of the following:

- c. Physical therapy
- d. Adjunctive range of motion /stretching exercises

- e. Joint off-loading (cane, walker)
 - f. Bracing
 - g. Reasonable restriction of activities
2. Weight Loss
 - a. In patients with a BMI > 40 (should include medically directed weight loss program)
 3. Medications
 - a. NSAIDs if tolerated and not contraindicated. Prescription OR over the counter (at adequate doses).
OR
 - b. If NSAIDs not tolerated or contraindicated:
 - Analgesics
 - Acetaminophen
 - Tramadol
 - Corticosteroid injections
 - Hyaluronic acid injections

AND

- D. Documentation that clearly shows the patient has participated in or is scheduled for Pre-Procedure education which covers all of the following: **
 1. Pre-operative preparation
 2. Post-operative anticoagulation
 3. Pre- and post-operative exercises
 4. Home safety and equipment
 5. Post-op expectations and goals for movement and function
 6. Considerations for post-hospital disposition
 7. Plans for rehab services after surgery

**May include group classes such as Presbyterian HealthPlex joint replacement classes (preferred), videos, reading materials from professional societies, or counseling from MD-designated professional

Medical Optimization Criteria

For Commercial and Medicaid

For patients with any of the below-listed diagnoses, the following conditions must have been met prior to surgery:

1. Obesity
 - a. Patients with a BMI >40 must undergo efforts at weight loss
 - b. Require participation in medically directed weight loss program.
 - c. Documentation of participation and weight loss
 - d. A BMI of \leq 40 should be obtained prior to surgery unless the surgeon's judgment dictates otherwise in cases of severe or progressive bone loss, deformity, or the symptoms progress/worsen in the face of active interventions (requires medical director review and orthopedist attestation)
2. Smoking (includes cigarette, cigar, and vaporized form of nicotine)
 - a. Cessation at least 6 weeks prior to elective TJA
or
 - b. Require participation in smoking cessation program and documentation of this, such as Quit for Life, QuitNowNM.com.
3. Diabetes
 - a. HBA1c must be less than 7.5 to proceed with surgery unless control is felt to be optimized for the individual in the opinion of the treating physician or endocrinologist (requires attestation if above 7.5)
4. Rheumatoid arthritis + autoimmune disorders
 - a. Documented discussion between patient and rheumatologist or orthopedist and rheumatologist regarding medication management in the perioperative time frame to improve wound healing and lessen risk of infection.
5. Active substance abuse/dependence
 - a. Partial joint replacement will not be authorized in members with active alcohol or intravenous drug abuse or dependence.
 - ETOH abuse – needs documentation of program
 - IVDA- needs documentation of program AND negative urine toxicology screen
6. Absence of
 - a. Open skin lesions on the operative limb.
 - b. Active infection

Note: The above medical optimization requirements may be deferred if, in the judgment of the treating surgeon, requiring a patient to endure these non-operative measures in the face of severe OA or in cases of severe or progressive bone loss or deformity, would cause undue suffering or potentially compromise outcomes of delayed joint replacement (requires surgeon attestation and medical director review).

Coding

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

Current Procedural Terminology (CPT) Codes

CPT Codes	Description
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27437	Arthroplasty, patella; without prosthesis
27438	Arthroplasty, patella; with prosthesis
C1776	Joint device (implantable)

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: 07/26/2023

References

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12. Humana, Knee Arthroplasty, Number HUM-0591-003, Revision Date: 08/25/2022, [Cited 05-29-2023]
13. Cigna, ©2022 eviCore healthcare, Medical Coverage Policies – Musculoskeletal Hip Replacement/Arthroplasty, Effective August 01, 2022 [Cited 05-29-2023]
14. UHC, Surgery of Knee, Commercial Medical Policy, Policy Number: 2023T0553Y, Effective Date: april 1, 2023. [Cited 05-29-2023]
15. UHC, Surgery of Knee Community Plan, Policy, Number: CS068.W, effective date: March 01, 2023 [Cited 05-29-2023]

Publication History

- 07-22-20 New policy. Reviewed by PHP Medical Policy Committee on 07/03/2020. The same criteria will apply as MPM 20.14 and will be covered for Commercial, Centennial and Medicare. CPT 27446, 27437, and 27438 will continue with no Prior Authorization.
- 07-28-21 Annual review. Reviewed by PHP Medical Policy Committee on 07/14/2021. No change to criteria, continue use of the same criteria as MPM 20.14 for Commercial, Centennial and Medicare. Continue no prior auth requirement.
- 07-27-22 Annual review. Reviewed by PHP Medical Policy Committee on 06-10-2022. No change to criteria, continue use of the same criteria as MPM 20.14 for Commercial, Centennial and Medicare. Continue no prior auth requirement.
- 07-26-23 Annual Review: Reviewed by PHP Medical Policy Committee on 06-02-2023. No change to criteria, continue use of the same criteria as MPM 20.14 for Commercial, Centennial and Medicare. Continue no prior auth requirement for 27446, 27437, 27438 and C1776.

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.