

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

Medical Policy #: 20.14

Status: Reviewed

Original Effective Date: 07/23/2014

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

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. These failures must be considered for a total knee arthroplasty revision.

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>

Content:

- I. [TOTAL KNEE REPLACEMENT](#)
- II. [KNEE REVISION or REPEAT procedure](#)
- III. [TOTAL HIP REPLACEMENT](#)
- IV. [HIP REVISION or REPEAT procedure](#)

I. TOTAL 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 (see below criteria)

Total 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

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]

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

See Medical Optimization Criteria below for additional information to be met prior to total joint replacement.

II. KNEE REVISION or REPEAT procedure

Revision or repeat procedure: Failed previous knee arthroplasty necessitating revision as indicated by the following:

- Loosening, fracture, or mechanical failure of one or more components;
- Technical or functional failure of previous knee surgery, e.g. unicompartmental knee replacement;
- Previous osteotomy or partial arthroplasty;
- Infection;
- Periprosthetic fracture or bone loss of distal femur, proximal tibia or patella; Implant or knee malalignment;
- Bearing surface wear leading to symptomatic synovitis;
- Tibiofemoral or extensor mechanism instability; or
- Knee stiffness, arthrofibrosis or other destructive conditions that render the knee impaired to the extent to preclude employment or functional activities

See Medical Optimization Criteria below for additional information to be met prior to revision.

III. TOTAL HIP REPLACEMENT

Clinical Indications for Procedure

1. Malignancy of the pelvis or proximal femur or soft tissues of the hip (exempt from below criteria)
2. Avascular necrosis of the femoral head
3. Femoral neck fracture
4. Acetabular fracture
5. Nonunion, malunion, or failure of previous hip fracture surgery

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]

6. Revision

Total hip arthroplasty for the above 6 indications will be approved based upon indication for the procedure alone.

7. Advanced degenerative joint disease, **as indicated by:**

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

- Disabling pain
- Significant functional disability

AND

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

- Severe joint space narrowing
- Osteophyte formation
- Joint subluxation
- Deformity or mal alignment
- Subchondral sclerosis

OR

- Arthroscopic findings of severe denudation of articular cartilage.

AND

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

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

a. Strengthening

AND

b. Low impact aerobic activities **AND** one of the following:

- Physical therapy
- Adjunctive range of motion /stretching exercises
- Joint off-loading (cane, walker)
- Reasonable restriction of activities

2. Weight Loss

- 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

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.

See Medical Optimization Criteria below for additional information to be met prior to total joint replacement.

IV. **HIP REVISION or REPEAT procedure**

Failed previous Hip Arthroplasty necessitating revision as indicated by the following:

- Loosening, fracture or mechanical failure of the implant;
- Instability of one or more components;
- Recurrent or irreducible dislocation;
- Infection;
- Displaced periprosthetic fracture;
- Clinically significant leg length inequality;
- Progressive soft tissue or bone reaction or substantial bone loss,
- Clinically significant audible noise; or
- Bearing surface wear leading to symptomatic synovitis

Other disease or destructive process that renders the hip impaired to the extent to preclude employment or functional activities

See **Medical Optimization Criteria** below for additional information to be met prior to revision.

Medical Optimization Criteria:

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

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. Total 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).

Limitations

Limitations when the following contraindications are present:

- Active infection of the hip or knee joint or active systemic bacteremia
- Active skin infection or open wound within the planned surgical site of the hip or knee
- Progressive neurological disease, etiologic for pain, instability or disability

Coding

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

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]

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
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	For ICD-10, see LCA (A56796) for 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: 07/26/2023

Reviewed by:

New Mexico Orthopedic Associates:

- Michael Archibeck MD
- Joshua Carothers MD
- Hugh Brock MD
- Jeffrey Racca MD

References

1. American Academy of Orthopaedic Surgeons (AAOS), Surgical Management of Osteoarthritis of the Knee, Evidence Based Clinical Practice Guidelines. <http://www.aaos.org/smoak2cpg>. Published 12/02/2022 [Cited 05/09/2023]
2. American Academy of Orthopaedic Surgeons (AAOS), Management of Osteoarthritis of the Knee (Non-Arthroplasty), Evidence-Based Clinical Practice Guideline. <https://www.aaos.org/oak3cpg> Published August 31, 2021. [Cited 05/09/2023]
3. American Academy of Orthopaedic Surgeons (AAOS), Management of Osteoarthritis of the Hip, Evidence Based Clinical Practice Guidelines, March 13, 2017. [Cited 05/09/2023]
4. CMS, LCD (L36007), Lower Extremity Major Joint Replacement (Hip and Knee), Revision Seven, R10, revision date: 11/14/2019. [Cited 05-09-2023]
5. CMS, LCA, Billing and Coding: Lower Extremity Major Joint Replacement (Hip and Knee) (A56796), Effective 08/08/2019, revision date 05/02/2022, R2. [Cited 05/09/2023].
6. American Academy of Orthopaedic Surgeons, [Tobacco Use and Orthopaedic Surgery](#), February 2016. [Cited 05/09/2023]
7. OrthoInfo, Copyright 1995-2020 by the American Academy of Orthopaedic Surgeons, [Obesity, Weight Loss, and Joint Replacement Surgery](#), Last Reviewed Sept 2022. [Cited 05/09/2023]

Publication History

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]

07-23-14:	Original effective date
12-30-15:	Added language re: Pre-Procedure Education.
04-05-16:	Updated references with # 13-16.
07-26-17:	Annual Review. Added diagnosis codes.
07-22-20	Annual Review. Reviewed by PHP Medical Policy Committee on 06/30/20. Add criteria for revision and repeat procedure for both hip/knee. Changed policy to apply only to non-Medicare. Continue PA for Total Hip Arthroplasty 27130, 27132, 27134; & Total Knee Arthroplasty 27447, 27486, and 27487. Changed BMI from < 35 to ≤ 40. Removed CPT code 27446 as it applies to partial knee replacement.
07-28-21	Annual review. Reviewed by the PHP Medical Policy Committee on 07/16/2021. No change to criteria. Continue Medical Optimization Criteria for BMI, smoking and DM. The Prior Authorization requirement will continue for Hip: 27130, 27132, 27134; & Knee 27447, 27486, and 27487.
07-27-22	Annual review. Reviewed by the PHP Medical Policy Committee on 06-15-2022. No change to criteria. Continue Medical Optimization criteria for BMI ≤ 40, smoking and DM. Continue PA for Hip: 27130, 27132, 27134; & Knee 27447, 27486, and 27487.
07-26-23	Annual review. Reviewed by the PHP Medical Policy Committee on 05-12-2023. Added clarifying language under Section I, to say “see below criteria” for revision, since revision has its own unique criteria than replacement criteria. Also removed “total joint replacement” and replaced with “revision” in the sections under knee & hip revision criteria regarding the Medical Optimization. Continue Medical Optimization criteria. Continue PA for Hip: 27130, 27132, 27134; & Knee 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.