

## Joint Procedures

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### Related Policies

None

## Coverage Guidelines

**Hip and knee procedures may be covered when Medicare coverage criteria are met.**

**Note:** The guidelines in this Coverage Summary are for specific procedures/medications only. For procedures/medications not addressed in this Coverage Summary, refer to the [Medicare Coverage Database](#) to search for applicable coverage policies (National Coverage Determinations, Local Coverage Determinations and Local Coverage Articles).

### Core Decompression for Avascular Necrosis

#### *Core Decompression of Femoral Head (CPT Codes 27299 and S2325)*

Medicare does not have a National Coverage Determination (NCD) for core decompression for avascular necrosis. Local Coverage Determinations (LCDs/Local Coverage Articles (LCAs) do not exist at this time.

For **coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Core Decompression for Avascular Necrosis](#).

**Note:** After searching the [Medicare Coverage Database](#) if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

#### *Core Decompression Other Than Femoral Head (CPT Codes 21299, 23929, 27599, and 27899)*

Medicare does not have an NCD for core decompression for avascular necrosis. Local Coverage Determinations (LCDs/Local Coverage Articles (LCAs) do not exist at this time.

For **coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Core Decompression for Avascular Necrosis](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

## Hip Resurfacing (CPT Code 27130)

Medicare does not have an NCD for hip resurfacing. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Hip Replacement Surgery \(Arthroplasty\)](#).

For **coverage guidelines for states/territories with no LCDs/LCAs**, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Hip](#).

**Note:** After checking the [Hip Replacement Surgery \(Arthroplasty\)](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

## Hip Replacement Surgery (Arthroplasty)

### CPT Codes 27130, 27132, 27134, 27137, and 27138

Medicare does not have an NCD for hip replacement surgery (arthroplasty) (CPT codes 27130, 27132, 27134, 27137 and 27138). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Hip Replacement Surgery \(Arthroplasty\)](#).

For **coverage guidelines for states/territories with no LCDs/LCAs**, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Hip](#).

**Note:** After checking the [Hip Replacement Surgery \(Arthroplasty\)](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

### CPT Code 27125

Medicare does not have an NCD for hip replacement surgery (arthroplasty) (CPT code 27125) Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For **coverage guidelines for states/territories with no LCDs/LCAs**, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Hip](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

## Hip Acetabuloplasty (CPT Codes 27120 and 27122)

Medicare does not have an NCD for hip acetabuloplasty (CPT codes 27120 and 27122). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For **coverage guidelines for states/territories with no LCDs/LCAs**, refer to the refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Hip](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

## ***Surgical Treatment for Femoroacetabular Impingement (FAI) Syndrome (CPT Codes 29914, 29915, and 29916)***

Medicare does not have an NCD for the surgical treatment for of femoroacetabular impingement (FAI) syndrome. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For **coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Hip](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

## **Knee Replacement Surgery (Arthroplasty) (CPT Codes 27445, 27447, 27486, and 27487)**

Medicare does not have an NCD for knee replacement surgery (arthroplasty). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Knee Replacement Surgery \(Arthroplasty\)](#).

For **coverage guidelines for states/territories with no LCDs/LCAs**, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Knee](#).

**Note:** After checking the [Knee Replacement Surgery \(Arthroplasty\)](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

## **Unicompartmental Knee Arthroplasty (CPT Code 27446)**

Medicare does not have an NCD for unicompartmental knee arthroplasty. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For **coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Knee](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

## **Elbow Replacement Surgery (Arthroplasty) (CPT Codes 24360, 24361, 24362, 24363, 24370, and 24371)**

Medicare does not have an NCD for elbow replacement surgery (arthroplasty). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For **coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Elbow](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

## **Shoulder Replacement Surgery (Arthroplasty) (CPT Codes 23470, 23472, 23473, and 23474)**

Medicare does not have an NCD for shoulder replacement surgery (arthroplasty). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For **coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Shoulder](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

## **Autologous Chondrocyte Transplantation in the Knee (CPT Code 27412)**

Medicare does not have a National Coverage Determination (NCD) for autologous chondrocyte transplantation in the knee. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

**For coverage guidelines,** refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Knee](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

### Osteochondral Grafting of Knee (CPT Codes 29866, 29867, 27415, and 27416)

Medicare does not have a National Coverage Determination (NCD) for osteochondral grafting of knee. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

**For coverage guidelines,** refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Knee](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

### Non-Collagen Meniscus Implant Meniscus Allograft Transplantation (MAT) with Human Cadaver Tissue (CPT Code 29868)

Medicare does not have a National Coverage Determination (NCD) for non-collagen meniscus implant with human cadaver tissue. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

**For coverage guidelines,** refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Knee](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

## Supporting Information

Hip Replacement Surgery (Arthroplasty)				
Accessed October 20, 2023				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33618 (A57765)	<a href="#">Major Joint Replacement (Hip and Knee)</a>	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L36039 (A57428)	<a href="#">Total Joint Arthroplasty</a>	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34163 (A57683)	<a href="#">Total Hip Arthroplasty</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L36573 (A57684)	<a href="#">Total Hip Arthroplasty</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L36007 (A56796)	<a href="#">Lower Extremity Major Joint Replacement (Hip and Knee)</a>	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33456 (A56777)	<a href="#">Total Joint Arthroplasty</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
<a href="#">Back to Guidelines</a>				

## Knee Replacement Surgery (Arthroplasty)

Accessed October 20, 2023

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33618 (A57765)	<a href="#">Major Joint Replacement (Hip and Knee)</a>	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L36039 (A57428)	<a href="#">Total Joint Arthroplasty</a>	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L36575 (A57685)	<a href="#">Total Knee Arthroplasty</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L36577 (A57686)	<a href="#">Total Knee Arthroplasty</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L36007 (A56796)	<a href="#">Lower Extremity Major Joint Replacement (Hip and Knee)</a>	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33456 (A56777)	<a href="#">Total Joint Arthroplasty</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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## Policy History/Revision Information

Date	Summary of Changes
11/08/2023	<p><b>Title Change/Template Update</b></p> <ul style="list-style-type: none"> <li>Previously titled <i>Joints and Joint Procedures</i></li> <li>Updated <i>Instructions for Use</i></li> </ul> <p><b>Coverage Guidelines</b></p> <ul style="list-style-type: none"> <li>Removed content/language addressing open osteochondral autograft, talus (CPT code 28446)</li> </ul> <p><b>Knee Replacement Surgery (Arthroplasty) (CPT Codes 27445, 27447, 27486, and 27487)</b></p> <ul style="list-style-type: none"> <li>Removed instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Surgery of the Knee</i> with individual consideration for the following: <ul style="list-style-type: none"> <li>Avascular necrosis of the knee</li> <li>Proximal tibia fracture</li> </ul> </li> </ul> <p><b>Autologous Chondrocyte Transplantation in the Knee (CPT Code 27412)</b></p> <ul style="list-style-type: none"> <li>Revised language to indicate: <ul style="list-style-type: none"> <li>Medicare does not have a National Coverage Determination (NCD) for autologous chondrocyte transplantation in the knee</li> <li>Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist</li> <li>For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Surgery of the Knee</i></li> </ul> </li> </ul> <p><b>Osteochondral Grafting of Knee (CPT Codes 29866, 29867, 27415, and 27416)</b></p> <ul style="list-style-type: none"> <li>Revised language to indicate: <ul style="list-style-type: none"> <li>Medicare does not have a NCD for osteochondral grafting of knee</li> <li>LCDs/LCAs do not exist</li> <li>For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Surgery of the Knee</i></li> </ul> </li> </ul> <p><b>Non-Collagen Meniscus Implant Meniscus Allograft Transplantation (MAT) with Human Cadaver Tissue (CPT Code 29868) (new to policy)</b></p> <ul style="list-style-type: none"> <li>Added language (previously included in the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Orthopedic Procedures, Devices, and Products</i>) to indicate: <ul style="list-style-type: none"> <li>Medicare does not have a NCD for non-collagen meniscus implant with human cadaver tissue</li> </ul> </li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>○ LCDs/LCAs do not exist</li> <li>○ For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Surgery of the Knee</i></li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Archived previous policy version MCS052.04</li> </ul>

## Instructions for Use

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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