

Surgery of the Knee

Policy Number: 2021T0553T
Effective Date: September 1, 2021

[Instructions for Use](#)

Table of Contents	Page
Coverage Rationale	1
Documentation Requirements	1
Definitions	2
Applicable Codes	2
U.S. Food and Drug Administration	4
References	4
Policy History/Revision Information	4
Instructions for Use	4

Related Commercial Policy
<ul style="list-style-type: none"> Articular Cartilage Defect Repairs Unicondylar Spacer Devices for Treatment of Pain or Disability
Community Plan Policy
<ul style="list-style-type: none"> Surgery of the Knee
Medicare Advantage Coverage Summary
<ul style="list-style-type: none"> Joints and Joint Procedures

Coverage Rationale

Surgery of the knee is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release, CP: Procedures:

- Arthroscopy or Arthroscopically Assisted Surgery, Knee
- 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

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

CPT Codes*	Required Clinical Information
Surgery of the Knee	
27438 27440 27441 27442 27443 27445 27446	<p>Medical notes documenting the following, as applicable:</p> <ul style="list-style-type: none"> • Upon request, we may require the specific diagnostic image(s) that show 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 images <ul style="list-style-type: none"> ○ Note: When requested, diagnostic image(s) must be labeled with: <ul style="list-style-type: none"> ▪ The date taken ▪ Applicable case number obtained at time of notification, or member's name and ID number on the image(s)

CPT Codes*	Required Clinical Information
Surgery of the Knee	
27447	<ul style="list-style-type: none"> ○ Upon request, diagnostic imaging must be submitted via the external portal at www.uhcprovider.com/paan; faxes will not be accepted
27486	
27487	<ul style="list-style-type: none"> ● Reports of all recent imaging studies and applicable diagnostic tests, including: <ul style="list-style-type: none"> ○ Microbiological findings ○ Synovial exam ○ Erythrocyte sedimentation rate (ESR) ○ C-reactive protein (CRP)
29870	
29871	
29873	
29874	<ul style="list-style-type: none"> ● Condition requiring procedure
29875	<ul style="list-style-type: none"> ● 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 <i>Western Ontario and McMaster Universities Arthritis Index (WOMAC)</i> or the <i>Knee injury and Osteoarthritis Outcome Score (KOOS)</i>
29876	
29877	
29880	
29881	<ul style="list-style-type: none"> ● Pertinent physical examination of the relevant joint
29882	<ul style="list-style-type: none"> ● Consideration of arthroscopic approach
29883	<ul style="list-style-type: none"> ● Co-morbid medical condition(s)
29884	<ul style="list-style-type: none"> ● Prior therapies/treatments tried, failed, or contraindicated; include the dates and reason for discontinuation
29885	<ul style="list-style-type: none"> ● Date of failed previous surgery to the same joint (proximal tibial or distal femoral osteotomy, if applicable)
29886	
29887	<ul style="list-style-type: none"> ● Physician's treatment plan, including pre-op discussion
29888	<ul style="list-style-type: none"> ● For revision surgery, also include: <ul style="list-style-type: none"> ○ Details of complication ○ Complete (staged) surgical plan
29889	<ul style="list-style-type: none"> ● If the location is being requested as an inpatient stay, provide medical notes to support the following, when applicable: <ul style="list-style-type: none"> ○ 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

*For code descriptions, see the [Applicable Codes](#) section.

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).

Significant Radiographic Findings: Kellgren-Lawrence classification of osteoarthritis grade 4-large osteophytes, marked joint space narrowing, severe sclerosis, definite bone ends deformity (Kohn, 2016; Dowsey, 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 the member specific benefit plan document 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
27437	Arthroplasty, patella; without prosthesis
27438	Arthroplasty, patella; with prosthesis
27440	Arthroplasty, knee, tibial plateau
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
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
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
29873	Arthroscopy, knee, surgical; with lateral release
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (e.g., medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29880	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
29881	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
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction

CPT Code	Description
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction

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 and therefore not regulated by the FDA. However, devices and instruments used during the surgery require FDA approval. See the following website for additional information:

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnm.cfm>. (Accessed June 29, 2021)

References

Bellamy N, Buchanan WW, Goldsmith CH, et al. Validation study of WOMAC: a health status instrument for measuring clinically important patient relevant outcomes to antirheumatic drug therapy in patients with osteoarthritis of the hip or knee. *J Rheumatol*. 1988 Dec;15(12):1833-40.

Dowsey MM, Nikpour M, Dieppe P, Choong PF. Associations between pre-operative radiographic changes and outcomes after total knee joint replacement for osteoarthritis. *Osteoarthritis Cartilage*. 2012 Oct;20(10):1095-102.

Kohn MD, Sassoon AA, Fernando ND. Classifications in Brief: Kellgren-Lawrence Classification of Osteoarthritis. *Clin Orthop Relat Res*. 2016 Aug;474(8):1886-93.

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.

Roos EM, Roos HP, Lohmander LS, et al. Knee Injury and Osteoarthritis Outcome Score (KOOS)—development of a self-administered outcome measure. *J Orthop Sports Phys Ther*. 1998 Aug;28(2):88-96.

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
09/01/2021	<p>Related Policies</p> <ul style="list-style-type: none"> Added reference link to the Medical Policy titled <i>Articular Cartilage Defect Repairs</i> <p>Definitions</p> <ul style="list-style-type: none"> Added definition of: <ul style="list-style-type: none"> Knee Injury and Osteoarthritis Outcome Score (KOOS) Western Ontario and McMaster Universities Arthritis Index (WOMAC) <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version 2021T0553S

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. 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.

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. 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.