TOTAL KNEE REPLACEMENT SURGERY (ARTHROPLASTY)

Policy Number: 2018T0553M

INSTRUCTIONS FOR USE

This Medical Policy provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Medical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Medical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines 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.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Total knee replacement surgery (Arthroplasty) is proven and medically necessary in certain circumstances.

For medical necessity clinical coverage criteria, see the following MCG™ Care Guidelines, 22nd edition, 2018:

- Total Knee Arthroplasty, S-700 (ISC)
- Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)

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 Coverage Determination Guidelines may apply.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>27445</td>
<td>Arthroplasty, knee, hinge prosthesis (e.g., Wallidius type)</td>
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<tr>
<td>27446</td>
<td>Arthroplasty, knee, condyle and plateau; medial OR lateral compartment</td>
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<tr>
<td>27447</td>
<td>Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)</td>
</tr>
<tr>
<td>27486</td>
<td>Revision of total knee arthroplasty, with or without allograft; 1 component</td>
</tr>
<tr>
<td>27487</td>
<td>Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component</td>
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**U.S. FOOD AND DRUG ADMINISTRATION (FDA)**

Knee replacement surgery is a procedure and therefore is not regulated by the FDA. However, devices and instruments used during the surgery require FDA approval. See the following website for additional information (product codes MBH, JWH, KRO): [http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmncfm](http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmncfm). (Accessed November 26, 2017)

FDA-approved knee replacement surgery devices are generally approved for any or all of the following:
- Non-inflammatory degenerative joint disease such as osteoarthritis
- Rheumatoid arthritis
- Post-traumatic arthritis
- Complex fracture(s) of the distal (lower) femur
- Revision of failed knee replacement surgery
- Correction of functional deformity

**CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)**

Medicare does not have a National Coverage Determination (NCD) for total knee replacement surgery. Local Coverage Determinations (LCDs) exist; see the LCDs for Lower Extremity Major Joint Replacement (Hip and Knee), Major Joint Replacement (Hip and Knee), Surgery: Major Joint Replacement (Hip and Knee), Total Joint Arthroplasty and Total Knee Arthroplasty. (Accessed January 9, 2018)

**POLICY HISTORY/REVISION INFORMATION**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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| 10/01/2018 | Updated coverage rationale; modified language to clarify:  
  - The listed service is proven and medically necessary in certain circumstances  
  - See the referenced MCG™ Care Guidelines for medical necessity clinical coverage criteria  
  - Archived previous policy version 2018T0553L |