

# KNEE REPLACEMENT SURGERY (ARTHROPLASTY), TOTAL AND PARTIAL

**Policy Number:** 2019T0553N

**Effective Date:** April 1, 2019

[Instructions for Use](#) ⓘ

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### Related Commercial Policy

- [Unicondylar Spacer Devices for Treatment of Pain or Disability](#)

### Community Plan Policy

- [Knee Replacement Surgery \(Arthroplasty\), Total and Partial](#)

### Medicare Advantage Coverage Summary

- [Joints and Joint Procedures](#)

## COVERAGE RATIONALE

### **Knee replacement surgery (arthroplasty) is proven and medically necessary in certain circumstances.**

For medical necessity clinical coverage criteria, see the following MCG™ Care Guidelines, 23<sup>rd</sup> edition, 2019:

- For Total Knee Arthroplasty: Knee Arthroplasty, Total, S-700 (ISC)
- For Unicompartamental Knee Arthroplasty: 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.

CPT Code	Description
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

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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/pmn.cfm>. (Accessed November 25, 2018)

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 \(Hip and Knee\)](#), [Total Joint Arthroplasty](#) and [Total Knee Arthroplasty](#). (Accessed December 10, 2018)

## POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
04/01/2019	<ul style="list-style-type: none"> <li>• Changed policy title; previously titled <i>Total Knee Replacement Surgery (Arthroplasty)</i></li> <li>• Reorganized policy template:               <ul style="list-style-type: none"> <li>◦ Simplified and relocated <i>Instructions for Use</i></li> <li>◦ Removed <i>Benefit Considerations</i> section</li> </ul> </li> <li>• Revised coverage rationale:               <ul style="list-style-type: none"> <li>◦ Replaced reference to "MCG™ Care Guidelines, 22<sup>nd</sup> edition, 2018" with "MCG™ Care Guidelines, 23<sup>rd</sup> edition, 2019"; refer to 23<sup>rd</sup> edition for complete details on applicable updates to the MCG™ Care Guidelines</li> </ul> </li> <li>• Updated supporting information to reflect the most current CMS information</li> <li>• Archived previous policy version 2018T0553M</li> </ul>

## 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 MCG™ Care Guidelines, 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.