I. COVERAGE

Coverage Statement: Hip and knee procedures may be covered when Medicare coverage criteria are met.

Guidelines/Notes:
1. Core Decompression for Avascular Necrosis

II. DEFINITIONS

III. REFERENCES

IV. REVISION HISTORY

V. ATTACHMENTS
a. 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/LCAs) do not exist at this
time.
   • For coverage guidelines, see the UnitedHealthcare Commercial Medical Policy for Core
   Decompression for Avascular Necrosis. (IMPORTANT NOTE: After searching the
Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced
policy.)
   • Committee approval date: July 21, 2020
   • Accessed June 25, 2020

b. Core Decompression Other Than Femoral Head (CPT Codes 21299, 23929, 27599 and
27899)
   • Medicare does not have a National Coverage Determination (NCD) for core
decompression for avascular necrosis.
   • Local Coverage Determinations (LCDs/LCAs) do not exist at this
time.
   • For coverage guidelines, see the UnitedHealthcare Commercial Medical Policy for Core
Decompression for Avascular Necrosis. (IMPORTANT NOTE: After searching the
Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced
policy.)
   • Committee approval date: July 21, 2020
   • Accessed June 25, 2020

2. Hip Resurfacing (CPT code 27130)
   • Medicare does not have a National Coverage Determination (NCD) for hip resurfacing.
   • Local Coverage Determinations (LCDs/LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment A).
   • For coverage guidelines for states/territories with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Hip Resurfacing and Replacement Surgery (Arthroplasty). (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)
   • Committee approval date: July 21, 2020
   • Accessed June 25, 2020

3. Hip Replacement Surgery (Arthroplasty)
a. CPT codes 27130, 27132, 27134, 27137 and 27138
   • Medicare does not have a National Coverage Determination (NCD) for hip replacement
surgery (arthroplasty) (CPT codes 27130, 27132, 27134, 27137 and 27138).
   • Local Coverage Determinations (LCDs/LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment A).
   • For coverage guidelines for states/territories with no LCDs/LCAs, see the
UnitedHealthcare Commercial Medical Policy for Hip Resurfacing and Replacement
Surgery (Arthroplasty). (IMPORTANT NOTE: After checking the LCD/LCA Availability
Grid and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)

- **Committee approval date:** July 21, 2020
- **Accessed June 25, 2020**

b. CPT Code 27125

- Medicare does not have a National Coverage Determination (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, see the UnitedHealthcare Commercial Medical Policy for Hip Resurfacing and Replacement Surgery (Arthroplasty). (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)**
- **Committee approval date:** July 21, 2020
- **Accessed June 25, 2020**

**Note:** For CMS documentation guideline, refer to the MLN Matters #SE1236 – Documenting Medical Necessity for Major Joint Replacement (Hip and Knee). (Accessed June 25, 2020)

4. **Knee Replacement Surgery (Arthroplasty) (CPT codes 27445, 27447, 27486 and 27487)**

- Medicare does not have a National Coverage Determination (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, see the LCD/LCA Availability Grid (Attachment B).
- **For coverage guidelines for states/territories with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Knee Replacement Surgery (Arthroplasty) Total and Partial** with individual consideration for the following:
  o Avascular necrosis of the knee
  o Proximal tibia fracture
  (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)
- **Committee approval date:** July 21, 2020
- **Accessed June 25, 2020**

**Note:** For CMS documentation guideline, refer to the MLN Matters #SE1236 – Documenting Medical Necessity for Major Joint Replacement (Hip and Knee). (Accessed June 25, 2020)

5. **Unicompartmental Knee Arthroplasty (CPT code 27446)**

- Medicare does not have a National Coverage Determination (NCD) for unicompartmental knee arthroplasty.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
- **For coverage guidelines, see the UnitedHealthcare Commercial Medical Policy for Knee Replacement Surgery (Arthroplasty) Total and Partial. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)**
• **Committee approval date:** July 21, 2020
• **Accessed June 25, 2020**

6. **Elbow Replacement Surgery (Arthroplasty) (CPT codes 24360, 24361, 24362, 24363, 24370 and 24371)**
   - Medicare does not have a National Coverage Determination (NCD) for elbow replacement surgery (arthroplasty).
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
   - **For coverage guidelines,** see the [UnitedHealthcare Commercial Medical Policy for Elbow Replacement Surgery (Arthroplasty)](https://www.unitedhealthcare.com). (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** July 21, 2020
   - **Accessed June 25, 2020**

7. **Shoulder Replacement Surgery (Arthroplasty) (CPT codes 23470, 23472, 23473 and 23474)**
   - Medicare does not have a National Coverage Determination (NCD) for shoulder replacement surgery (arthroplasty).
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
   - **For coverage guidelines,** see the [UnitedHealthcare Commercial Medical Policy for Shoulder Replacement Surgery (Arthroplasty)](https://www.unitedhealthcare.com). (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** July 21, 2020
   - **Accessed June 25, 2020**

8. **Surgical Treatment for Femoroacetabular Impingement (FAI) Syndrome (CPT code 29914, 29915 and 29916)**
   - Medicare does not have a National Coverage Determination (NCD) for surgical treatment for femoroacetabular impingement (FAI) syndrome.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
   - **For coverage guidelines,** see the [UnitedHealthcare Commercial Medical Policy for Femoroacetabular Impingement Syndrome](https://www.unitedhealthcare.com). (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** July 21, 2020
   - **Accessed June 25, 2020**

9. **Arthroscopic Lavage and Debridement for Osteoarthritis of the Knee**
   Arthroscopic lavage and debridement for osteoarthritis of the knee are not covered; neither is lavage alone or debridement alone for osteoarthritis.

   Arthroscopic lavage and or debridement of the knee for patients without osteoarthritis who present with symptoms other than pain alone (i.e., mechanical symptoms including but not limited to, locking, popping and snapping, limb and joint alignment, less severe and/or early degenerative arthritis) are left to the discretion of the Medical Director based on case review of documentation. See the [NCD for Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee](https://www.unitedhealthcare.com).
II. DEFINITIONS

None

III. REFERENCES

See above

IV. REVISION HISTORY

07/21/2020 Guideline 1.b [Core Decompression Other Than Femoral Head (CPT codes 21299, 23929, 27599 and 27899)]
  • Updated list of applicable CPT codes; added 21299

Guideline 2 [Hip Resurfacing (CPT code 27130)]
  • Revised language pertaining to Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to indicate:
    o LCDs/LCAs exist and compliance with these policies is required where applicable
    o For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled *Hip Resurfacing and Replacement Surgery (Arthroplasty)*

Guideline 3.a [Hip Replacement Surgery (Arthroplasty) (CPT codes 27130, 27132, 27134, 27137 and 27138)]
  • Updated list of applicable CPT codes; removed 27125

V. ATTACHMENTS

### Attachment A – LCD/LCA Availability Grid

**Hip Replacement Surgery (Arthroplasty)**

CMS website accessed June 25, 2020

<table>
<thead>
<tr>
<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States/Territories</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33618</td>
<td>Major Joint Replacement (Hip and Knee)</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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<tr>
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<td>National Government Services, Inc.</td>
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<td>NY, RI, VT, WI</td>
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<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA, GU, HI, MP, NV</td>
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<td>Noridian Healthcare Solutions, LLC</td>
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<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
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## Attachment A – LCD/LCA Availability Grid

**Hip Replacement Surgery (Arthroplasty)**
CMS website accessed June 25, 2020

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<tr>
<th>ID #</th>
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<td>L33456</td>
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End of Attachment A

## Attachment B – LCD/LCA Availability Grid

**Knee Replacement Surgery (Arthroplasty)**
CMS website accessed June 25, 2020

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<th>Title</th>
<th>Contractor Type</th>
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<th>States/Territories</th>
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</thead>
<tbody>
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<td>L3618</td>
<td>Major Joint Replacement (Hip and Knee)</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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<tr>
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<td>Total Joint Arthroplasty</td>
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<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
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<td>Noridian Healthcare Solutions, LLC</td>
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<td>L36577</td>
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<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY</td>
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</tr>
<tr>
<td>L36007</td>
<td>Lower Extremity Major Joint Replacement (Hip and Knee)</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
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End of Attachment B