Coverage Summary

Joints and Joint Procedures

<table>
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<tbody>
<tr>
<td>Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 07/23/2019</td>
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</tr>
</tbody>
</table>

Related Medicare Advantage Policy Guideline: Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee (NCD 150.9)

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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 is required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). 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).

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II. DEFINITIONS

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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
   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/Local Coverage Articles (LCAs) do not exist at this time.
      • For coverage guideline, see the UnitedHealthcare Commercial Medical Policy for Core Decompression for Avascular Necrosis.
        (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
      • Committee approval date: July 23, 2019
      • Accessed November 18, 2019
   b. Core Decompression Other Than Femoral Head (CPT Codes 23929, 27599 and 27899)
      • 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 guideline, see the UnitedHealthcare Commercial Medical Policy for Core Decompression for Avascular Necrosis.
        (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
      • Committee approval date: July 23, 2019
      • Accessed November 18, 2019

2. Hip Resurfacing (CPT code 27130)
   • Medicare does not have a National Coverage Determination (NCD) for hip resurfacing.
   • Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
   • For coverage guideline, see the UnitedHealthcare Commercial Medical Policy for Hip Resurfacing and Replacement Surgery (Arthroplasty).
     (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   • Committee approval date: July 23, 2019
   • Accessed November 18, 2019

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)/Local Coverage Articles (LCAs) exist and compliance with these LCDs is required where applicable. For state-specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment A).
- For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Hip Resurfacing and Replacement Surgery (Arthroplasty) for coverage guideline. (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)

- **Committee approval date:** July 23, 2019
- **Accessed February 17, 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 guideline, see the UnitedHealthcare Commercial Medical Policy for Hip Resurfacing and Replacement Surgery (Arthroplasty) for coverage guidelines. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)

- **Committee approval date:** July 23, 2019
- **Accessed November 18, 2019**

**Note:** For CMS documentation guideline, refer to the MLN Matters #SE1236 - Documenting Medical Necessity for Major Joint Replacement (Hip and Knee). (Accessed July 15, 2019)

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 state-specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment B).
- For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Knee Replacement Surgery (Arthroplasty) Total and Partial for coverage guideline with individual consideration for the following:
  - Avascular necrosis of the knee
  - Proximal tibia fracture
  (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)

- **Committee approval date:** July 23, 2019
- **Accessed February 17, 2020**

**Note:** For CMS documentation guideline, refer to the MLN Matters #SE1236 - Documenting Medical Necessity for Major Joint Replacement (Hip and Knee). (Accessed July 15, 2019)

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 guideline, see the UnitedHealthcare Commercial Medical Policy for Knee Replacement Surgery (Arthroplasty) Total and Partial.
  (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
• Committee approval date: July 23, 2019
• Accessed November 18, 2019

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 guideline, see the UnitedHealthcare Commercial Medical Policy for Elbow Replacement Surgery (Arthroplasty).
  (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
• Committee approval date: July 23, 2019
• Accessed November 18, 2019

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 guideline, see the UnitedHealthcare Commercial Medical Policy for Shoulder Replacement Surgery (Arthroplasty).
  (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
• Committee approval date: July 23, 2019
• Accessed November 18, 2019

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 guideline, see the UnitedHealthcare Commercial Medical Policy for Femoroacetabular Impingement Syndrome.
  (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
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 (150.9). (Accessed July 16, 2019)

For guidelines for Open Osteochondral Autograft, talus (CPT code 28446); Autologous Chondrocyte Transplantation in the Knee (CPT Code 27412); and Osteochondral Grafting of Knee (CPT Codes 29866, 29867, 27415 and 27416), refer to Coverage Summary for Orthopedic Procedures, Devices and Products.

II. DEFINITIONS

None

III. REFERENCES

See above

IV. REVISION HISTORY

07/23/2019  Coverage Statement
• Replaced language indicating “hip resurfacing and prosthetic hip procedures are covered when Medicare coverage criteria are met” with “hip and knee procedures may be covered when Medicare coverage criteria are met”

Guideline 1 (Core Decompression for Avascular Necrosis)
• Reorganized content (no change to coverage guidelines)

Guideline 2 [Hip Resurfacing (CPT code 27130)]
• Changed guideline title; previously titled Hip Resurfacing Arthroplasty (HRA) (CPT codes 27125, 27130, 27299 and HCPCS Code S2118)
• Updated list of applicable CPT/HCPCS codes:
  o Relocated 27125 (refer to Guideline 3.b)
  o Removed 27299 and S2118

Guideline 3.a [Hip Replacement Surgery (Arthroplasty) (CPT codes 27130, 27132, 27134, 27137 and 27138)]
• Removed reference link to the CMS Medicare Learning Network (MLN) Matters #SE1236 - Documenting Medical Necessity for Major Joint Replacement (Hip and Knee)

Guideline 3.b [Hip Replacement Surgery (Arthroplasty) (CPT code 27125)]
• Updated list of applicable CPT codes:
- Added 27125
- Removed 27120 and 27122

Guideline 6 [Elbow Replacement Surgery (Arthroplasty) (CPT codes 24360, 24361, 24362, 24363, 24370 and 24371)]
- Updated list of applicable CPT codes; added 24370 and 24371

Guideline 7 [Shoulder Replacement Surgery (Arthroplasty) (CPT codes 23470, 23472, 23473 and 23474)]
- Updated list of applicable CPT codes; added 23473 and 23474

Attachments
- Updated LCD Availability Grids to reflect the most current reference links

V. ATTACHMENTS

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**Attachment A – LCD/LCA Availability Grid**

**Hip Replacement Surgery (Arthroplasty)**
(CPT codes 27130, 27132, 27134, 27137 and 27138)
CMS website accessed February 17, 2020

<table>
<thead>
<tr>
<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33456 (A56777)</td>
<td>Total Joint Arthroplasty</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
<tr>
<td>L33618 (A57765)</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>
</tr>
<tr>
<td>L34163 (A57683)</td>
<td>Total Hip Arthroplasty</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, AS, GU, HI, MP, NV</td>
</tr>
<tr>
<td>L36573 (A57684)</td>
<td>Total Hip Arthroplasty</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY</td>
</tr>
<tr>
<td>L36007 (A56796)</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>
</tr>
<tr>
<td>L36039 (A57428)</td>
<td>Total Joint Arthroplasty</td>
<td>MAC Part A and B</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
</tr>
<tr>
<td>L36039 (A57428)</td>
<td>Total Joint Arthroplasty</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
</tr>
</tbody>
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**Attachment B – LCD/LCA Availability Grid**

**Knee Replacement Surgery (Arthroplasty)**
(CPT codes 27445, 27447, 27486 and 27487)
CMS website accessed February 17, 2020

<table>
<thead>
<tr>
<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
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<th>States</th>
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</thead>
<tbody>
<tr>
<td>L33456 (A56777)</td>
<td>Total Joint Arthroplasty</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
<tr>
<td>L33618 (A57765)</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>
</tr>
<tr>
<td>L36575 (A57685)</td>
<td>Total Knee Arthroplasty</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, AS, GU, HI, MP, NV</td>
</tr>
<tr>
<td>L36577 (A57686)</td>
<td>Total Knee Arthroplasty</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY</td>
</tr>
</tbody>
</table>
## Knee Replacement Surgery (Arthroplasty)

**ID #**  | **Title** | **Contractor Type** | **Contractor** | **States**                          
---|---|---|---|---
L36007  | Lower Extremity Major Joint Replacement (Hip and Knee) | A and B MAC | Novitas Solutions, Inc. | AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX 
L36039  | Total Joint Arthroplasty | MAC Part A and B A and B MAC | National Government Services, Inc. | CT, IL, MA, ME, MN, NH, NY, RI, VT, WI 

End of Attachment B