

Surgery of the Knee (for Tennessee Only)

Policy Number: CS068TN.O

Effective Date: September 1, 2021

[Instructions for Use](#)

Table of Contents	Page
Application	1
Coverage Rationale	1
Definitions	2
Applicable Codes	2
U.S. Food and Drug Administration	3
References	3
Policy History/Revision Information	4
Instructions for Use	4

Related Policies
None

Application

This Medical Policy applies to Medicaid only plans in the state of Tennessee.

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

Provide medical notes documenting the following:

- Specific diagnostic image(s) that shows 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 image(s)
 - Note: Diagnostic images must be labeled with the:
 - Date taken
 - Applicable case number obtained at time of notification, or the member's name and ID number on the image(s)
 - Submission of diagnostic image(s) is required via the external portal at www.uhcprovider.com/paan; faxes will not be accepted
- Diagnostic image(s) report(s)
- Condition requiring procedure

- 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 *Western Ontario and McMaster Universities Arthritis Index (WOMAC)* or the *Knee injury and Osteoarthritis Outcome Score (KOOS)*
- Physician’s treatment plan including pre-op discussion
- Pertinent physical examination of the relevant joint
- Co-morbid medical condition(s)
- Therapies tried and failed of the following, including dates:
 - Orthotics
 - Medications/injections
 - Physical therapy
 - Surgical
 - Other pain management procedures
- Date of failed previous surgery to the same joint (proximal tibial or distal femoral osteotomy, if applicable)
- For revision surgery, include documentation of the complication and the complete (staged) surgical plan
- For CPT codes 27446 and 27447, if the location is being requested as an inpatient stay, provide medical notes to support at least one of the following:
 - 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

Definitions

Significant Radiographic Findings: Kellgren-Lawrence classification of osteoarthritis grade 4-large osteophytes, marked joint space narrowing, severe sclerosis, definite bone ends deformity (Kohn et al., 2016; Dowsey et al., 2012).

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 federal, state, or contractual requirements 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)

CPT Code	Description
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 (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, 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
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/pmn.cfm>. (Accessed March 2, 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, 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.

Policy History/Revision Information

Date	Summary of Changes
09/01/2021	<p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>Knee Replacement Surgery (Arthroplasty), Total and Partial (for Tennessee Only)</i> <p>Coverage Rationale</p> <ul style="list-style-type: none"> Replaced language indicating “knee <i>replacement surgery (arthroplasty)</i> is proven and medically necessary in certain circumstances” with “<i>surgery of the knee</i> is proven and medically necessary in certain circumstances” Revised language pertaining to medical necessity clinical coverage criteria; added InterQual® 2021, Apr. 2021 Release, CP: Procedures: <ul style="list-style-type: none"> Arthroscopy, Diagnostic, +/- Synovial Biopsy, Knee Arthroscopy or Arthroscopically Assisted Surgery, Knee Arthrotomy, Knee <p>Applicable Codes</p> <ul style="list-style-type: none"> Added CPT codes 27437, 27438, 27440, 27441, 27442, 27443, 29850, 29851, 29855, 29856, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, and 29889 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>FDA</i> section to reflect the most current information Archived previous policy version CS068TN.N

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. 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.

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