Total Joint Replacement (Hip and Knee)
MPM 20.14

Disclaimer
Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description
The chief reasons for joint arthroplasty (total joint replacement) are arthritis, fractures, malignancy, and revisions of previous surgery. Treatment options include physical therapy, analgesics or anti-inflammatory medications. The surgical treatment (arthroplasty) is the replacement of the damaged joint with a prosthesis. The aim is to improve functional status and relieve pain. Arthroplasty failures are caused by trauma, chronic progressive joint disease, prosthetic loosening and infection of the prosthetic joint. These failures must be considered for a total knee arthroplasty revision.

Coverage Determination/ Clinical Indications
Prior Authorization is required. Log on to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp

Total Knee Replacement

Clinical Indications for Procedure

- Distal femur fracture
- Malignancy of distal femur, proximal tibia, knee joint, soft tissues
- Avascular necrosis of the knee
- Revision
- Total knee arthroplasty for the above four indications will be approved based upon indication for the procedure alone.
- Advanced degenerative joint disease, as indicated by:

A. Symptoms (1 or more of the following):

1. Disabling pain
2. Significant functional disability

B. Radiological findings consistent with significant osteoarthritis (at least two of the following):

1. Severe joint space narrowing
2. Osteophyte formation
3. Joint subluxation
4. Deformity or mal-alignment
5. Subchondral sclerosis
   – OR –
6. Arthroscopic findings of severe denudation of articular cartilage.

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AND

C. Optimal medical management has been tried and failed for (please see recommendations for non-operative treatment of knee and osteoarthritis), including:

1. Self-management program (≥ 6 weeks) that includes
   a. Strengthening AND
   b. Low impact aerobic activities

   **AND one of the following:**

   c. Physical therapy
   d. Adjunctive range of motion/stretching exercises
   e. Joint off-loading (cane, walker)
   f. Bracing
   g. Reasonable restriction of activities

2. Weight Loss
   a. In patients with a BMI > 35 (should include medically directed weight loss program)

3. Medications
   a. NSAIDS if tolerated and not contraindicated. Prescription OR over-the-counter (at adequate doses).

   **OR**

   b. If NSAIDs not tolerated or contraindicated:
      • Analgesics
      • Acetaminophen
      • Tramadol
      • Corticosteroid injections
      • Hyaluronic acid injections

   **AND**

D. Documentation that clearly shows the patient has participated in or is scheduled for Pre-Procedure education which covers all of the following:**
   1. Pre-operative preparation
   2. Post-operative anticoagulation
   3. Pre- and post-operative exercises
   4. Home safety and equipment

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5. Post-op expectations and goals for movement and function
6. Considerations for post-hospital disposition
7. Plans for rehab services after surgery

**May include group classes such Presbyterian HealthPlex joint replacement classes (preferred), videos, reading materials from professional societies, or counseling from MD-designated professional

**Medical Optimization Criteria**

For patients with any of the below-listed diagnoses, the following conditions must have been met prior to total joint replacement:

1. Obesity
   a. Patients with a BMI >35 must undergo efforts at weight loss
   b. Require participation in medically directed weight loss program.
   c. Documentation of participation and weight loss
   d. A BMI of < 35 should be obtained prior to surgery unless the surgeon’s judgment dictates otherwise in cases of severe or progressive bone loss, deformity, or the symptoms progress/worsen in the face of active interventions (requires medical director review and orthopedist attestation)

2. Smoking
   a. Cessation at least 6 weeks prior to elective TJA

   **OR**

   b. Require participation in smoking cessation program and documentation of this, such as Quit For Life, QuitNowNM.com.

3. Diabetes
   a. HBA1c must be less than 7.5 to proceed with surgery unless control is felt to be optimized for the individual in the opinion of the treating physician or endocrinologist (requires attestation if above 7.5)

4. Rheumatoid arthritis + autoimmune disorders
   a. Documented discussion between patient and rheumatologist or orthopedist and rheumatologist regarding medication management in the perioperative time frame to improve wound healing and lessen risk of infection.

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5. Active substance abuse/dependence
   a. Total joint replacement will not be authorized in members with active alcohol or intravenous drug abuse or dependence.
      • ETOH abuse – needs documentation of program
      • IVDA- needs documentation of program AND negative urine toxicology screen

6. Absence of
   a. Open skin lesions on the operative limb.
   b. Active infection

Note: The above medical optimization requirements may be deferred if, in the judgment of the treating surgeon, requiring a patient to endure these non-operative measures in the face of severe OA or in cases of severe or progressive bone loss or deformity, would cause undue suffering or potentially compromise outcomes of delayed joint replacement (requires surgeon attestation and medical director review).

Total Hip Replacement

Clinical Indications for Procedure
   1. Malignancy of the pelvis or proximal femur or soft tissues of the hip (exempt from below criteria)
   2. Avascular necrosis of the femoral head
   3. Femoral neck fracture
   4. Acetabular fracture
   5. Nonunion, malunion, or failure of previous hip fracture surgery
   6. Revision

Total hip arthroplasty for the above 6 indications will be approved based upon indication for the procedure alone.

7. Advanced degenerative joint disease, as indicated by:
   a. Symptoms (1 or more of the following):
      • Disabling pain
      • Significant functional disability
   AND
   b. Radiological findings consistent with significant osteoarthritis (at least two of the following):
      • Severe joint space narrowing
      • Osteophyte formation
      • Joint subluxation

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- Deformity or mal-alignment
- Subchondral sclerosis
  OR
- Arthroscopic findings of severe denudation of articular cartilage.

  AND

  c. Optimal medical management has been tried and failed (please see recommendations for non-operative treatment of hip osteoarthritis), including:

    1. Self-management program (≥ 6 weeks) that includes
       a. Strengthening AND
       b. Low impact aerobic activities AND one of the following:
          • Physical therapy
          • Adjunctive range of motion/stretching exercises
          • Joint off-loading (cane, walker)
          • Reasonable restriction of activities

    2. Weight Loss
       • In patients with a BMI > 35 (should include medically directed weight loss program).

    3. Medications
       a. NSAIDS if tolerated and not contraindicated. Prescription OR over-the-counter (at adequate doses) OR
       b. If NSAIDs not tolerated or contraindicated:
          • Analgesics
          • Acetaminophen
          • Tramadol

  AND

  d. Documentation that clearly shows the patient has participated in or is scheduled for Pre-Procedure education which covers all of the following*:

    1. Pre-operative preparation
    2. Post-operative anticoagulation
    3. Pre- and post-operative exercises
    4. Home safety and equipment
    5. Post-op expectations and goals for movement and function
    6. Considerations for post-hospital disposition
    7. Plans for rehab services after surgery

*May include group classes such as Presbyterian HealthPlex joint replacement classes (preferred), videos, reading materials from

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Note: The above requirements may be deferred if, in the judgment of the treating surgeon, requiring a patient to endure these non-operative measures in the face of severe OA or in cases of severe or progressive bone loss or deformity, would cause undue suffering or potentially compromise outcomes of delayed joint replacement (requires surgeon attestation and medical director review).

Coding
The coding listed in this Medical Policy is for reference only. Covered and non-covered codes are within this list.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>27446</td>
<td>Arthroplasty, knee, condyle and plateau; medial OR lateral compartment</td>
</tr>
<tr>
<td>27447</td>
<td>Arthroplasty, knee, condyle and plateau; medial AND lateral compartment 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>
</tr>
<tr>
<td>27130</td>
<td>Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft</td>
</tr>
<tr>
<td>27132</td>
<td>Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft</td>
</tr>
<tr>
<td>27134</td>
<td>Revision of total hip arthroplasty; both components, with or without autograft or allograft</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10© Diagnosis Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M06.86-M06.869</td>
<td>Other specified Rheumatoid Arthritis of the knee</td>
</tr>
<tr>
<td>M17-M17.9</td>
<td>Osteo Arthritis of the knee</td>
</tr>
<tr>
<td>S72.4-S72.92</td>
<td>Fracture of lower end of the femur</td>
</tr>
<tr>
<td>S89.20-S89.299</td>
<td>Unspecified Physeal Fracture of the upper end of the fibula</td>
</tr>
<tr>
<td>C40.20-C40.22</td>
<td>Malignant Neoplasm of long bones of lower limb</td>
</tr>
</tbody>
</table>

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Reviewed by:
1. Michael Archibeck MD
2. Joshua Carothers MD
3. Hugh Brock MD
4. Jeffrey Racca MD

References:

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Approval Signatures:

Clinical Quality Committee: Thomas Rothfeld MD

Medical Director: Norman White MD

Approval Date: July 26, 2017

Publication History:
07-23-14: Original effective date
12-30-15: Added language re: Pre Procedure Education.
04-05-16: Updated references with # 13-16.
07-26-17: Annual Review. Added diagnosis codes.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. This Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Presbyterian Healthcare Services website at:
http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm

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