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| <b>Department of Origin:</b><br>Integrated Healthcare Services                        | <b>Effective Date:</b><br>12/03/24                           |
| <b>Approved by:</b><br>Medical Policy Quality Management Subcommittee                 | <b>Date Approved:</b><br>12/03/24                            |
| <b>Clinical Policy Document:</b><br>Total Joint Arthroplasty of Hip or Knee, Elective | <b>Replaces Effective Clinical Policy Dated:</b><br>12/12/23 |
| <b>Reference #:</b><br>MC/F025                                                        | <b>Page:</b><br>1 of 4                                       |

## PURPOSE:

The intent of this clinical policy is to ensure services for elective arthroplasty for moderate to severe joint disease are medically necessary. The use of total joint arthroplasty for treatment of infection, oncologic or trauma indications is not within the scope of this clinical policy.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

## POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

## GUIDELINES:

Medical Necessity Criteria – Must satisfy any of the following: I or II

- I. Request is for total hip arthroplasty (THA) for moderate to severe joint disease - must satisfy the following: A – C
  - A. The member is greater than or equal to 18 years of age or a skeletally mature adolescent.
  - B. The member has advanced joint disease demonstrated by both of the following: 1 and 2
    1. Radiographic evidence, based on an official radiology report, of any the following: a - f
      - a. Avascular necrosis of femoral head
      - b. Bone on bone articulation / joint space narrowing
      - c. Joint subluxation
      - d. Periarticular osteophytes
      - e. Subchondral cysts
      - f. Subchondral sclerosis
    2. Limited/impaired quality of life and participation in *activities of daily living (ADLs)* due to the joint disease.
  - C. Documentation of non-surgical management within 1 year prior to scheduled surgery date: must satisfy 1, and any of 2 – 6
    1. Supervised physiotherapy modalities and therapeutic exercises (at least one visit/evaluation) for target condition – must include note from therapist
    2. Pharmacotherapy including topical/oral analgesics, nonsteroidal anti-inflammatory agents (NSAIDs), duloxetine (Cymbalta) and intra-articular corticosteroid/viscosupplementation injections
    3. Bracing and other use of an assistive device (eg, cane, crutches, walker, wheelchair)
    4. Relative rest/activity modification
    5. Weight loss counseling
    6. Cognitive behavioral therapy for pain coping/psychologic symptoms

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[Note: Non-surgical management may be inappropriate (ie, stage III collapse of the femoral head, inflammatory arthritis, advanced dysplasia); the medical record must clearly document why it is not appropriate.]

- II. Request is for total knee arthroplasty (TKA) for advanced joint disease of the knee - must satisfy the following: A – C
- A. The member is greater than or equal to 18 years of age or a skeletally mature adolescent.
  - B. The member has advanced joint disease demonstrated by both of the following: 1 and 2
    1. Radiographic evidence, based on an official radiology report, of any the following: a - f
      - a. Avascular necrosis of tibial or femoral condyle
      - b. Bone on bone articulation / joint space narrowing
      - c. Joint subluxation
      - d. Periarticular osteophytes
      - e. Subchondral cysts
      - f. Subchondral sclerosis
    2. Limited/impaired quality of life and participation in *activities of daily living (ADLs)*.
  - C. Documentation of failure of at least 3 months of non-surgical management within 1 year prior to scheduled surgery date: must satisfy 1, and any of 2 – 6
    1. Supervised physiotherapy modalities and therapeutic exercises (at least one visit/evaluation) for target condition – must include note from therapist
    2. Pharmacotherapy including topical/oral analgesics, nonsteroidal anti-inflammatory agents (NSAIDs), duloxetine (Cymbalta) and intra-articular corticosteroid/viscosupplementation injections
    3. Bracing and other use of an assistive device (eg, cane, crutches, walker, wheelchair)
    4. Relative rest/activity modification
    5. Weight loss counseling
    6. Cognitive behavioral therapy for pain coping/psychologic symptoms

[Note: Non-surgical management may be inappropriate (ie, inflammatory arthritis); the medical record must clearly document why it is not appropriate.]

## **DEFINITIONS:**

### Activities of Daily Living (ADL):

Activities related to personal self-care and independent living, which include eating, bathing, dressing, transferring, walking/mobility, and toileting/continence

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Prior Authorization: No

## CODING:

CPT® or HCPCS

27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft [minimally invasive or conventional approach]

27447 Arthroplasty, knee, condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee arthroplasty)

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## REFERENCES:

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2. Clinical Policy: Coverage Determination Guidelines MP/C009
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## DOCUMENT HISTORY:

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| <b>Revised Date:</b> 08/15/18 (never posted), 02/17/21, 10/05/22, 10/27/23 |

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Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
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If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Community Health Plan  
PO Box 59052  
Minneapolis, MN 55459-0052  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Fax: 763.847.4010  
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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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