Coverage Summary

Joints and Joint Procedures

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 07/17/2017

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.

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   3. Hip Replacement Surgery (Arthroplasty)
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   5. Unicompartmental Knee Arthroplasty
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   8. Femoroacetabular Impingement – Surgical Treatment
   9. Arthroscopic Lavage and Debridement for Osteoarthritis of the Knee

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III. REFERENCES

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V. ATTACHMENT(S)

I. COVERAGE

Coverage Statement: Hip resurfacing and prosthetic hip procedures are covered when Medicare coverage criteria are met.

Guidelines/Notes:
1. Core Decompression for Avascular Necrosis (CPT code 27299 and HCPCS code S2325)
   - Medicare does not have a National Coverage Determination (NCD) for Core Decompression For Avascular Necrosis.
• Local Coverage Determinations (LCDs) do not exist at this time.

• **For coverage guideline,** see the [UnitedHealthcare Medical Policy for Core Decompression for Avascular Necrosis.](#)  **(IMPORTANT NOTE:** After searching the [Medicare Coverage Database](#), if no state LCD or Local Article is found, then use the above referenced policy.)

• Committee approval date: July 17, 2017

• Accessed July 11, 2017

2. **Hip Resurfacing Arthroplasty (HRA)** (CPT codes 27125, 27130, 27299 and HCPCS Code S2118)

• Medicare does not have a National Coverage Determination (NCD) for Total Hip Resurfacing Arthroplasty (THRA).

• Local Coverage Determinations (LCDs) do not exist at this time.

• **For coverage guideline,** see the [UnitedHealthcare Medical Policy for Hip Resurfacing Arthroplasty.](#)  **(IMPORTANT NOTE:** After searching the [Medicare Coverage Database](#), if no state LCD or Local Article is found, then use the above referenced policy.)

• Committee approval date: July 17, 2017

• Accessed July 11, 2017

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).

• Local Coverage Determinations (LCDs) exist and compliance with these LCDs is required where applicable. See the **[LCD Availability Grid (Attachment A)](#)** for state-specific LCDs.

  o **For states with no LCDs,** see the [UnitedHealthcare Medical Policy for Hip Replacement Surgery (Arthroplasty)](#) for coverage guidelines.  **(IMPORTANT NOTE:** After searching the [Medicare Coverage Database](#), if no state LCD or Local Article is found, then use the above referenced policy.)

• Committee approval date: July 17, 2017

• Accessed July 11, 2017

Note: For CMS documentation guidelines, refer to the [MLN Matters #SE1236 - Documenting Medical Necessity for Major Joint Replacement (Hip and Knee)](#).  **(Accessed August 1, 2016)**

b. **CPT Codes 27120, 27122 and 27125**

• Medicare does not have a National Coverage Determination (NCD) for Hip Replacement Surgery (Arthroplasty) (CPT codes 27120, 27122 and 27125)

• Local Coverage Determinations (LCDs) do not exist at this time.

• **For coverage guideline,** see the [UnitedHealthcare Medical Policy for Hip Replacement Surgery (Arthroplasty)](#) for coverage guidelines.  **(IMPORTANT NOTE:** After searching the [Medicare Coverage Database](#), if no state LCD or Local Article is found, then use the above referenced policy.)

• Committee approval date: July 17, 2017

• Accessed July 11, 2017

Note: For CMS documentation guidelines, refer to the [MLN Matters #SE1236 - Documenting Medical Necessity for Major Joint Replacement (Hip and Knee)](#).  **(Accessed August 1, 2016)**
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) exist and compliance with these LCDs is required where applicable. See the LCD Availability Grid (Attachment B) for state-specific LCDs.
   - For states with no LCDs, see the UnitedHealthcare Medical Policy for Total Knee Replacement Surgery (Arthroplasty) for coverage guideline with individual consideration for the following:
     - Avascular necrosis of the knee
     - Proximal tibia fracture
     (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
   - Committee approval date: July 17, 2017
   - Accessed July 11, 2017

Note: For CMS documentation guidelines, refer to the MLN Matters #SE1236 - Documenting Medical Necessity for Major Joint Replacement (Hip and Knee). (Accessed May 12, 2016)

5. Unicompartmental Knee Arthroplasty (CPT code 27446)
   - Medicare does not have a National Coverage Determination (NCD) for Unicompartmental Knee Arthroplasty
   - Local Coverage Determinations (LCDs) do not exist at this time.
   - For coverage guideline, see the UnitedHealthcare Medical Policy for Total Knee Replacement Surgery (Arthroplasty) (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
   - Committee approval date: July 17, 2017
   - Accessed July 11, 2017

6. Elbow Replacement Surgery (Arthroplasty) (CPT codes 24360, 24361, 24362 and 24363)
   - Medicare does not have a National Coverage Determination (NCD) for Elbow Replacement Surgery (Arthroplasty).
   - Local Coverage Determinations (LCDs) do not exist at this time.
   - For coverage guideline, see the UnitedHealthcare Medical Policy for Elbow Replacement Surgery (Arthroplasty). (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
   - Committee approval date: July 17, 2017
   - Accessed July 11, 2017

7. Shoulder Replacement Surgery (Arthroplasty) (CPT codes 23470 and 23472)
   - Medicare does not have a National Coverage Determination (NCD) for Shoulder Replacement Surgery (Arthroplasty).
   - Local Coverage Determinations (LCDs) do not exist at this time.
   - For coverage guideline, see the UnitedHealthcare Medical Policy for Shoulder Replacement Surgery (Arthroplasty). (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
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) do not exist at this time.
   - For coverage guideline, see the UnitedHealthcare Medical Policy for Femoroacetabular Impingement Syndrome. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article 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 11, 2017)

   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

III. REFERENCES

   See above

IV. REVISION HISTORY

   07/17/2017  Annual review with the following recommended updates:
   Guideline 3 [(Hip Replacement Surgery (Arthroplasty)] - Updated LCD availability grid (Attachment A); moved LCD for Total Knee Arthroplasty (L36575) to a separate LCD availability grid specific for knee replacement under Guideline 4 (Knee Replacement Surgery)
   Guideline 4 [Knee Replacement Surgery (Arthroplasty)] - Created a separate LCD
availability grid (Attachment B) specific for knee replacement surgery

08/16/2016 Annual review with the following update:
Guideline 3 Hip Replacement Surgery (Arthroplasty) – separated guidelines to 2 sections by CPT codes and available LCDs
- CPT codes 27130, 27132, 27134, 27137 and 27138 – no change in guideline; some LCDs exist; default to the UHC MP for Hip Replacement Surgery (Arthroplasty) for states with no LCDs.
- CPT Codes 27120, 27122 and 27125 – added new guideline; no available LCDs at this time; use the UHC MP for Hip Replacement Surgery (Arthroplasty) as default for coverage guidelines.

06/21/2016 Re-review; added guideline for arthroscopic lavage and debridement of the knee (new to the policy; from the CS for Arthroscopic Lavage and Debridement Treatment of the Knees which was approved for retirement).

05/17/2016 Guideline 5 (Unicompartmental Knee Arthroplasty) – added guideline (new to the policy)

01/20/2016 Updated reference link(s) of the applicable LCDs to reflect the new condensed LCD link(s).

08/18/2015 Annual review, with the following updates:
Guideline 4 [Knee Replacement Surgery (Arthroplasty)]
- Updated guideline to include individual consideration for “vascular necrosis of the knee and proximal tibia fracture”.
Guideline 7 [Surgical Treatment for Femoroacetabular Impingement (FAI) Syndrome]
- Added CPT code 29914, 29915 and 29916.

01/20/2015 Guideline 7 [Surgical Treatment for Femoroacetabular Impingement (FAI) Syndrome]
- Added applicable coverage guidelines (new to policy)

08/19/2014 Annual review with the following updates:
- Guideline #1 [Hard-on-Hard Prosthesis (Metal-on-Metal Hip Prosthesis)] - Removed guideline; Medicare reference, i.e., Claims Processing Manual, does not specifically address hard-on-hard/metal-on-metal prosthesis. The default UnitedHealthcare Medical Policy in Guidelines #3 (Hip Resurfacing Arthroplasty) address hard-on-hard/metal-on-metal prosthesis.
- Guideline #3 (Hip Resurfacing Arthroplasty) - Added CPT codes 27125 and 27130
- Definitions - Removed the definition of “Implantable Devices/Prosthetics”

02/18/2014 Guideline #8 (Total Ankle Replacement Surgery) - Guideline deleted; procedure no longer included in the Provider Notification Lists.

08/20/2013 Annual review; no updates.

10/31/2012 Updated to include the following guidelines:
#4 Hip Replacement Surgery (Arthroplasty)
#5 Knee Replacement Surgery (Arthroplasty)
#6 Elbow Replacement Surgery (Arthroplasty)
#7 Shoulder Replacement Surgery (Arthroplasty)
#8 Total Ankle Replacement Surgery (Arthroplasty)

Coverage Summary title was changed from “HipResurfacing and Prosthetic Hip Procedures” to “Joints and Joint Procedures”.

08/20/2012 Annual review; no updates.
08/29/2011 Annual review; no updates.

V. ATTACHMENT(S)

### Attachment A - LCD Availability Grid

**Hip Replacement Surgery (Arthroplasty)**
(CPT codes 27130, 27132, 27134, 27137 and 27138)

CMS website accessed July 11, 2017

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L.33618</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>L.33456</td>
<td>Total Joint Arthroplasty</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>SC, VA, WV, NC</td>
</tr>
<tr>
<td>L.34163</td>
<td>Total Hip Arthroplasty</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, AS, HI, MP, NV</td>
</tr>
<tr>
<td>L.36573</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, WA, UT, WY</td>
</tr>
<tr>
<td>L.36007</td>
<td>Lower Extremity Major Joint Replacement (Hip and Knee)</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>CO, NM, OK, TX, AR, LA, MS, DE, DC, MD, NJ, PA</td>
</tr>
<tr>
<td>L.36039</td>
<td>Total Joint Arthroplasty</td>
<td>MAC Part A and B A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>IL, MN, WI CT, NY, ME, MA, NH, RI, VT</td>
</tr>
</tbody>
</table>

End of Attachment A

### Attachment B - LCD Availability Grid

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

CMS website accessed July 11, 2017

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

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</thead>
</table>

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UHC MA Coverage Summary: Joints and Joint Procedures

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## Attachment B - LCD Availability Grid

### Knee Replacement Surgery (Arthroplasty)
(CPT codes 27445, 27447, 27486 and 27487)

CMS website accessed July 11, 2017

IMPORTANT NOTE: Use the applicable LCD based on member’s residence/place of service AND type of service.

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<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>
</tr>
<tr>
<td>L33456</td>
<td>Total Joint Arthroplasty</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>SC, VA, WV, NC</td>
</tr>
<tr>
<td>L36575</td>
<td>Total Knee Arthroplasty</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
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<td>L36577</td>
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<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, AZ, ID, MT, ND, OR, SD, WA, UT, WY</td>
</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>CO, NM, OK, TX, AR, LA, MS, DE, DC, MD, NJ, PA</td>
</tr>
<tr>
<td>L36039</td>
<td>Total Joint Arthroplasty</td>
<td>MAC Part A and B A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>IL, MN, WI CT, NY, ME, MA, NH, RI, VT</td>
</tr>
</tbody>
</table>

End of Attachment B