



## **Knee Arthroplasty**

*Clinical Guidelines for Medical Necessity Review*

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## Guideline Information:

**Specialty Area:** Diseases & Disorders of the Musculoskeletal System (M00-M99)

**Guideline Name:** Knee Arthroplasty - Single Service

**Literature review current through:** 11/17/2023

**Document last updated:** 11/17/2023

**Type:** ☒ Adult (18+ yo) | ☒ Pediatric (0-17yo)

## **Table of Contents**

<b>Important Notices</b>	<b>2</b>
Table of Contents	3
<b>Medical Necessity Criteria</b>	<b>4</b>
<b>Service: Total Knee Arthroplasty</b>	<b>4</b>
General Guidelines	4
Medical Necessity Criteria	4
Indications	4
Non-Indications	7
Level of Care Criteria	8
Procedure Codes (HCPCS/CPT)	8
<b>Medical Evidence</b>	<b>10</b>
<b>References</b>	<b>11</b>
<b>Clinical Guideline Revision History/Information</b>	<b>13</b>

# Medical Necessity Criteria

## Service: Knee Arthroplasty

### General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** Consecutive knee arthroplasty should be at least three months apart.<sup>1</sup> Most patients wait six months to one year between the two knee arthroplasty procedures. Recommendations regarding the timing of bilateral total knee arthroplasty (TKA) are unavailable.<sup>2-3</sup> Six months or more is the standard between arthroplasty procedures for better outcomes.
- **Recommended Clinical Approach:** Bilateral TKA may be appropriate for patients over 70 or who have an American Society of Anesthesiologists Physical Status Classification System (ASA) status of I or II. Periarticular anesthesia is recommended to decrease postoperative pain and opioid use (e.g., local anesthesia infiltration, peripheral nerve block, and neuraxial anesthesia). General anesthesia is also acceptable.
- **Exclusions:** The patient has an active infection.

### Medical Necessity Criteria

#### Indications

→ **Knee Arthroplasty** is considered appropriate if **ANY** of the following is **TRUE**:

- ◆ The procedure is an **Initial Total Knee Arthroplasty** for advanced joint disease and **ALL** of the following are **TRUE**<sup>4-6</sup>:
  - Imaging confirms **ANY** of the following<sup>7-8</sup>:
    - Joint space narrowing (less than 50%) and marginal osteophytes or subchondral sclerosis; **OR**
    - Joint space narrowing (greater than 50%); **OR**
    - Complete joint space loss; **OR**
    - Joint subluxation; **OR**
    - Avascular necrosis; **OR**
    - Failed previous unicompartmental joint replacement<sup>4</sup>; **AND**
  - Pain or functional disability results from injury (e.g., trauma, arthritis of the joint); **AND**
  - Documented conservative, non-surgical treatment is **ANY** of the following:

- Failure of conservative management for greater than 3 months, including **ALL** of the following:
  - ◆ Oral steroid or anti-inflammatory medication; **AND**
  - ◆ Physical therapy including self-directed or home exercise program; **AND**
  - ◆ **ANY** of the following:
    - Corticosteroid injection if medically appropriate; **OR**
    - Corticosteroid injection is contraindicated; **AND**
  - ◆ **ANY** of the following:
    - Weight reduction if BMI is greater than 40; **OR**
    - Documentation of attempted weight loss if BMI is greater than 40; **OR**
    - Weight loss not applicable (BMI less than 40); **OR**
- Documentation indicating that treatment would be ineffective or counterproductive based on **ANY** of the following:
  - ◆ Intractable pain or significant disabling interference with activities of daily living (ADLs); **OR**
  - ◆ Bone articulation; **OR**
  - ◆ Severe deformity; **OR**
  - ◆ Failure of a previous osteotomy; **OR**
  - ◆ Distal femur fracture; **OR**
  - ◆ Malignancy of **ANY** of the following:
    - Distal femur; **OR**
    - Proximal tibia; **OR**
    - Knee joint or adjacent soft tissues; **OR**
  - ◆ Failure of previous unicompartmental knee replacement; **OR**
  - ◆ Avascular necrosis of the knee; **OR**
  - ◆ Proximal tibia fracture; **OR**
- ◆ The procedure is a **repeat or revision TKA** and **ANY** of the following is **TRUE**<sup>4</sup>:
  - Loosening of one or more components; **OR**
  - Fracture or mechanical failure of one or more components; **OR**
  - Infection; **OR**
  - Treatment of periprosthetic fracture of distal femur, proximal tibia, or patella; **OR**
  - Progressive or substantial periprosthetic bone loss; **OR**

- Bearing surface wear leading to symptomatic synovitis; **OR**
- Implant or knee misalignment; **OR**
- Knee stiffness (arthrofibrosis); **OR**
- Tibiofemoral instability; **OR**
- Extensor mechanism instability; **OR**
- ◆ The procedure is a **Unicompartmental Knee Arthroplasty** and **ANY** of the following is **TRUE**<sup>7</sup>:
  - Unicompartmental knee degenerative joint disease and **ALL** of the following are **TRUE**:
    - Disabling pain and/or functional disability limit activities of daily living (ADLs); **AND**
    - Documented conservative, non-surgical treatment is **ANY** of the following:
      - ◆ Failure of conservative management for greater than 3 months, including **ALL** of the following:
        - Oral steroid or anti-inflammatory medication; **AND**
        - Physical therapy including self-directed or home exercise program; **AND**
        - **ANY** of the following:
          - Corticosteroid injection if medically appropriate; **OR**
          - Corticosteroid injection is contraindicated; **AND**
        - **ANY** of the following:
          - Weight reduction if BMI is greater than 40; **OR**
          - Documentation of attempted weight loss if BMI is greater than 40; **OR**
          - Weight loss not applicable (BMI less than 40); **AND**
      - Weight-bearing radiograph shows **ANY** of the following evidence of osteoarthritis in a single compartment of the knee:
        - ◆ Joint space narrowing (less than 50%) and marginal osteophytes or subchondral sclerosis; **OR**
        - ◆ Joint space narrowing (greater than 50%); **OR**
        - ◆ Complete joint space loss; **OR**
  - Unicompartmental Osteonecrosis<sup>9</sup>; **OR**
  - Unicompartmental post-traumatic joint destruction; **OR**
  - Partial Resection of the knee needed for treatment of malignancy; **OR**

◆ For **Patellofemoral Arthroplasty** and **ANY** of the following is **TRUE**<sup>10-11</sup>:

- Knee patellofemoral degenerative joint disease and **ALL** of the following are **TRUE**:
  - Isolated pain in the front of the knee; **AND**
  - Disabling pain and/or functional disability limit activities of daily living (ADLs); **AND**
  - Documented conservative, non-surgical treatment is **ANY** of the following:
    - ◆ Failure of conservative management for greater than 3 months, including **ALL** of the following:
      - Oral steroid or anti-inflammatory medication; **AND**
      - Physical therapy including self-directed or home exercise program; **AND**
      - **ANY** of the following:
        - Corticosteroid injection if medically appropriate; **OR**
        - Corticosteroid injection is contraindicated; **AND**
      - **ANY** of the following:
        - Weight reduction if BMI is greater than 40; **OR**
        - Documentation of attempted weight loss if BMI is greater than 40; **OR**
        - Weight loss not applicable (BMI less than 40); **AND**
  - Weight-bearing radiograph as well as Merchant's view show **ANY** of the following evidence of osteoarthritis in the patellofemoral compartment:
    - ◆ Joint space narrowing (less than 50%) and marginal osteophytes or subchondral sclerosis; **OR**
    - ◆ Joint space narrowing (greater than 50%); **OR**
    - ◆ Complete joint space loss; **OR**
- Patellofemoral post-traumatic destruction (i.e., history of patella fracture); **OR**
- Dysplasia of the trochlea.

## Non-Indications

→ **Knee Arthroplasty** is not considered appropriate if **ANY** of the following is **TRUE**:

- ◆ Lower extremity weakness, especially quad strength/knee extensor weakness (relative); **OR**
- ◆ Quadriplegia; **OR**
- ◆ Skeletal immaturity (under the age of 18); **OR**
- ◆ Proceed with caution for the following:
  - Body mass index (BMI) of 40 kg/m<sup>2</sup> or more (severely obese); **OR**
  - Active tobacco use; **OR**
  - Chronic lower extremity ischemia; **OR**
  - Poorly controlled diabetes<sup>12</sup>; **OR**
- ◆ **ANY** of the following contraindications is **TRUE**<sup>4</sup>:
  - Active infection of the knee joint or active systemic bacteremia; **OR**
  - Active urinary tract or dental infection; **OR**
  - Active skin infection (exception recurrent cutaneous staph infections) or open wound within the planned surgical site of the knee; **OR**
  - Rapidly progressive neurological disease; **OR**
- ◆ **ANY** of the following relative contraindications is **TRUE**<sup>4</sup>:
- ◆ Insufficiency of extensor mechanism/quadriceps; **OR**
  - Any process that is rapidly destroying bone; **OR**
  - Neurotrophic arthritis
- ◆ If the procedure is a unicompartmental knee arthroplasty and **ANY** of the following is **TRUE**:
  - Severe lateral patella facet OA with exposed subchondral bone<sup>13</sup>; **OR**
  - Flexion contracture greater than 10°<sup>14</sup>; **OR**
  - More than 10° of fixed varus or valgus
  - Diagnosis of inflammatory arthritis<sup>13</sup>; **OR**
- ◆ If the procedure is a patellofemoral knee arthroplasty and **ANY** of the following is **TRUE**<sup>11</sup>:
  - Radiographic evidence of tibiofemoral OA; **OR**
  - Fixed flexion contracture greater than 10 degrees; **OR**
  - Uncorrected patellofemoral malalignment or instability; **OR**
  - Diagnosis of inflammatory arthritis.

## Level of Care Criteria

Inpatient or Outpatient

### Procedure Codes (HCPCS/CPT)

HCPCS/CPT Code	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
27599	Unlisted procedure, femur or knee

# Medical Evidence

Bin et al. (2023) performed a meta-analysis on randomized control trials (RCTs) to compare surgical interventions for knee osteoarthritis including total knee arthroplasty (TKA), unicompartmental knee arthroplasty (UKA), high tibial osteotomy (HTO), bicompartamental knee arthroplasty (BCA), bi-unicompartmental knee arthroplasty (BIU), and knee joint distraction (KJD). Complications, revisions, reoperations, and functional outcomes were analyzed in 21 studies, including 17 RCTs. Overall, TKA and UKA offer the best outcomes.<sup>15</sup>

Papakostidis et al. (2021) analyzed serious adverse events (SAEs) following TKA and thirty-day hospital readmission rates. The authors note reduced SAEs in the last decade, specifically surgical complications, venous thromboembolism (VTE) events, and infection. The decrease results from stricter protocols for VTE prevention, patient decolonization procedures, air quality optimizing strategies during surgery, preoperative cardiac clearance, increased diabetic control, and participation in weight reduction programs.<sup>16</sup>

## National and Professional Organizations

The following guidance is available from the organizations below:

- **American Academy of Orthopaedic Surgeons (AAOS)** – *Surgical Management of Osteoarthritis of the Knee*<sup>7</sup>
- **American College of Rheumatology (ACR)** and the **American Association of Hip and Knee Surgeons (AAHKS)** – *Guideline for the Perioperative Management of Antirheumatic Medication in Patients With Rheumatic Diseases Undergoing Elective Total Hip or Total Knee Arthroplasty*<sup>17</sup>
- **American College of Radiology (ACR)** – *ACR Appropriateness Criteria on Imaging After Total Knee Arthroplasty*<sup>18</sup>
- **National Institute for Health and Care Excellence (NICE)** published a Guideline and a Quality Standard both titled *Joint Replacement (Primary): Hip, Knee, and Shoulder*<sup>19-20</sup>
- **Consensus Conference on Bilateral Total Knee Arthroplasty Group** – *Consensus Statement*<sup>21</sup>

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# Clinical Guideline Revision History/Information

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