

Department of Origin: Integrated Healthcare Services	Effective Date: 12/03/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 12/03/24
Clinical Policy Document: Total Joint Arthroplasty of Hip or Knee, Elective	Replaces Effective Clinical Policy Dated: 12/12/23
Reference #: MC/F025	Page: 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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Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. 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:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator 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>. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deutsch (Pennsylvania German / Dutch) schwetzscht, kannst du mitaue Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-332-6501 (TTY: 711).