Cigna Medical Coverage Policies – Musculoskeletal Knee Replacement/Arthroplasty

Effective March 15, 2020

Instructions for use

The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer's benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

CMM-311: Knee Replacement/Arthroplasty

Definitions

- **Knee arthroplasty** is an orthopaedic surgical procedure, during which the articular surface of the knee joint is replaced, remodeled, or realigned.
- **Knee replacement** is a form of arthroplasty which includes the surgical placement of the knee joint with a prosthesis.
- **Prosthesis** refers to an artificial device used to replace a structural element within a joint to improve and enhance function.
- **Total knee replacement** involves surgical reconstruction or replacement of the entire knee joint as a result of unicompartmental, Bicompartmental, or tricompartmental involvement.
- **Partial knee replacement** involves surgical reconstruction or replacement of one knee joint compartment as a result of unicompartmental (e.g., medial, lateral, or patellofemoral) involvement.
- **The Modified Outerbridge Classification** is a system that has been developed for judging articular cartilage injury to the knee. This system allows delineation of varying areas of chondral pathology, based on the qualitative appearance of the cartilage surface, and can assist in identifying those injuries that are suitable for repair techniques. The characterization of cartilage in this systems is as follows:
  - Grade I – Softening with swelling
  - Grade II – Fragmentation and fissuring less than one square centimeter (1 cm^2)
  - Grade III – Fragmentation and fissuring greater than one square centimeter (1 cm^2)
  - Grade IV – Subchondral bone exposed
- **The Kellgren-Lawrence Grading System** is a radiographic grading system that has been developed for describing osteoarthritic changes to the knee. When used, the radiographic findings are typically reported within one of the following categories:
  - Grade I – Doubtful narrowing of joint space and possible osteophytic lipping
  - Grade II – Definite osteophytes and possible narrowing of joint space
  - Grade III – Moderate multiple osteophytes, definite narrowing of joint space, some sclerosis, and possible deformity of bone contour
  - Grade IV – Large osteophytes, marked narrowing of joint space, severe sclerosis, and definite deformity of bone contour
- **Non-surgical management**, with regard to the treatment of the knee osteoarthritis, is defined as any provider-directed non-surgical treatment, which has been demonstrated in the scientific literature as efficacious and/or is considered reasonable care in the treatment of knee pain from osteoarthritis. The types of treatment involved can include, but are not limited to relative rest/activity modification, weight loss, supervised physiotherapy modalities and therapeutic exercises, oral prescription and non-prescription medications, bracing, and other

assistive devices (e.g., cane, crutches, walker, wheelchair), and/or intra-articular injection (i.e., steroid and/or viscosupplementation).

General Guidelines

The determination of medical necessity for the performance of knee replacement (total or partial) is always made on a case-by-case basis.

Indications and Non-Indications:

Partial Knee Replacement

- **Partial knee replacement** (medial, lateral, or patellofemoral) is considered **medically necessary** when **ALL** of the following criteria have been met:
  - Function-limiting pain at short distances (e.g., walking less than ¼ mile, limiting activity to two city blocks, the equivalent to walking the length of a shopping mall) for at least three (3) months duration
  - Loss of knee function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment
  - Radiographic or arthroscopic findings of **EITHER** of the following:
    - Severe unicompartmental (medial, lateral, or patellofemoral) degenerative arthritis evidenced by **EITHER** of the following:
      - Large osteophytes, marked narrowing of joint space, severe sclerosis and definite deformity of bone contour (i.e., Kellgren Lawrence Grade IV radiographic findings)
      - Exposed subchondral bone (i.e., Modified Outerbridge Grade IV arthroscopic findings)
    - Unicompartmental avascular necrosis (AVN) of the femoral condyles and/or proximal tibia
  - Intact, stable ligaments, particular the anterior cruciate ligament
  - Knee arc of motion (full extension to full flexion) greater than 90º
  - Failure of at least three (3) months of provider-directed non-surgical management
    - **Please note:** The medical record must clearly document why provider-directed non-surgical management is not reasonable.
- **Patellofemoral unicompartmental replacement** to manage protracted anterior knee pain and/or mechanical symptoms attributed to the patellofemoral joint following a total knee replacement, during which patellar replacement was not performed at the time of the index knee replacement, is considered **medically necessary** when the above criteria are met for the performance of patellofemoral unicompartmental replacement, with the exception of radiographic criteria.
- **Partial knee replacement** (medial, lateral, or patellofemoral unicompartmental) is considered **not medically necessary** when **ANY** of the following criteria is met:
  - Grade III or IV patellofemoral joint arthritis (when unicompartmental replacement is to be performed of the medial or lateral compartment) and Grade IV medial or lateral compartment degenerative changes (when unicompartmental replacement

is to be performed of the patellofemoral compartment), evidenced by **ANY** of the following:
  - Large osteophytes, marked narrowing of joint space, severe sclerosis, and definite deformity of bone contour (i.e., Kellgren-Lawrence Grade IV radiographic findings)
  - Moderate multiple osteophytes, definite narrowing of joint space, some sclerosis, and possible deformity of bone contour (i.e., Kellgren-Lawrence Grade III radiographic findings)
  - Exposed subchondral bone (i.e., Modified Outerbridge Classification Grade IV arthroscopic findings)
- Tibial or femoral shaft deformity
- Radiographic evidence of medial or lateral subluxation
- Flexion contracture greater than 15º
- Varus deformity greater than 15º
- Valgus deformity greater than 20º
- Inflammatory arthropathy
- Active local or systemic infection
- Osseous abnormalities that cannot be optimally managed by surgery and which would increase the likelihood of a poor surgical outcome (i.e., inadequate bone stock to support the implant)
- Severe lack of collateral ligament integrity leading to joint instability
- One or more uncontrolled of unstable medical conditions that would significantly increase the risk of morbidity (e.g., cardiac, pulmonary, liver, genitourinary, or metabolic disease; hypertension; abnormal serum electrolyte levels)
- Vascular insufficiency, significant muscular atrophy of the leg, or neuromuscular disease severe enough to compromise implant stability or post-operative recovery
- Severe immunocompromised state

Total Knee Replacement

- **Total knee replacement** is considered **medically necessary** when **ALL** of the following criteria have been met:
  - Function-limiting pain at short distances (e.g., walking less than ¼ mile, limiting activity to two city blocks, the equivalent to walking the length of a shopping mall) for at least three (3) months duration
  - Loss of knee function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment
  - Radiographic or arthroscopic findings of **EITHER** of the following:
    - Severe unicompartmental (medial, lateral, or patellofemoral), bicompartmental, or tricompartmental degenerative arthritis evidenced by **EITHER** of the following:
      - Large osteophytes, marked narrowing of joint space, severe sclerosis and definite deformity of bone contour (i.e., Kellgren Lawrence Grade IV radiographic findings)
      - Exposed subchondral bone (i.e., Modified Outerbridge Grade IV arthroscopic findings)

- Avascular necrosis (AVN) of the femoral condyles and/or proximal tibia
- Failure of at least three (3) months of provider-directed non-surgical management
  - **Please note:** The medical record must clearly document why non-surgical management is not reasonable.

- **Total knee replacement** is considered **not medically necessary** when **ANY** of the following criteria is present:
  - Active local or systemic infection
  - Osseous abnormalities that cannot be optimally managed prior to surgery and which would increase the likelihood of a poor surgical outcome (i.e., inadequate bone stock to support the implant)
  - Joint instability due to a lack of collateral ligament integrity, not amenable to surgical correction
  - Greater than 30 degrees of fixed varus or valgus deformity, not amenable to surgical correction
  - One or more uncontrolled of unstable medical conditions that would significantly increase the risk of morbidity (e.g., cardiac, pulmonary, liver, genitourinary, or metabolic disease; hypertension; abnormal serum electrolyte levels)
  - Vascular insufficiency, significant muscular atrophy of the leg, or neuromuscular disease severe enough to compromise implant stability or post-operative recovery
  - Severe immunocompromised state

Revision of Knee Replacement – Partial or Total

- **Revision of knee replacement** (including revision of a total knee replacement, revision of a medial, lateral, or patellofemoral unicompartmental replacement to another medial, lateral, or patellofemoral unicompartmental replacement, or revision of a medial, lateral, or patellofemoral unicompartmental replacement to a total knee replacement) is considered **medically necessary** for an individual who has previously undergone a partial or total knee replacement when **ANY** of the following criteria have been met:
  - Presence of **ANY** of the following:
    - Fracture or dislocation of the patella
    - Aseptic loosening
    - Periprosthetic infection
    - Periprosthetic fracture
    - Implant fracture or component failure
    - Stiffness more than 12 weeks post-operatively when manipulation is deemed unsafe by provider with well positioned, well fixed, appropriately sized components
    - Stiffness due to component sizing or positioning
    - Instability of the knee
    - Clinically significant, symptomatic limb malalignment due to existing component position
  - Unexplained function-limiting pain at short distances (e.g., walking less than ¼ miles, limiting activity to two city blocks, the equivalent to walking the length of a

shopping mall) for greater than six (6) months unresponsive to provider-directed non-surgical management
- Kellgren-Lawrence Grade IV radiographic findings in the non-replaced medial, lateral, or patellofemoral compartments if revising from a partial (unicompartmental) knee replacement to a total joint replacement

- **Revision of knee replacement** is considered **not medically necessary** for any other indication.
- **Isolated polyethylene liner exchange (IPE)** is considered **medically necessary** when **ANY** of the following criteria have been met:
  - Wear and Osteolysis;
    - Progressive osteolysis noted on imaging studies which also confirm well-fixed implants in acceptable position
  - Catastrophic polyethylene failure, including post fracture, locking mechanism failure, severe polyethylene wear with or at risk for metallosis and polyethylene liner fracture without component loosening or malalignment
  - Periprosthetic joint infection including hematogenous infection:
    - Individual is less than 4 weeks from the index replacement procedure with well-fixed implants
  - Stiffness following total knee replacement (flexion contracture of > 15 degrees with flexion limited to < 90 degrees):
    - Individual presents later than 3 months from the index replacement procedure, after failure of physical therapy and manipulation under anesthesia with persistent restricted range-of-motion
  - Instability:
    - Individual with mid-flexion instability without component malrotation or malalignment
- **Isolated polyethylene liner exchange (IPE)** is considered **not medically necessary** for any other indication.
- Refer to **MS-16: Post-Operative Joint Replacement Surgery** and **MS-25: Knee** for advanced imaging indications related to knee replacement surgery.
- Refer to procedures for patellofemoral conditions in **CMM-312: Knee Surgery-Arthroscopic and Open** for indications and non-indications of trochleoplasty using CPT®27442 for a hypoplastic trochlea in patients with patellofemoral instability.

Experimental, Investigational, or Unproven

- Based on lack of scientific evidence of efficacy and safety, the following are considered **experimental, investigational, or unproven**:
  - Bicompartmental knee arthroplasty
  - Bi-unicompartmental knee arthroplasty
  - Focal resurfacing of a single knee joint defect
  - Unicompartmental free-floating (un-fixed) interpositional device

Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only.
Any given code's inclusion on this list does not necessarily indicate prior authorization is required.

CPT®	Code Description/Definition
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; medical 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
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules.

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