MEDICAL POLICY

| | LINE(S) OF BUSINESS Commercial | NUMBER GH-SUR-002 | |
|--------------|-----------------------------------|------------------------|----------------------------|
| | TITLE Total Knee Arthroplasty | FORMER NUMBER | |
| GlobalHealth | EFFECTIVE DATE 01/01/2019 | REVIEW CYCLE Annual | LAST REVISED 01/01/2020 |

1.0 CRITERIA

- 1.1 GlobalHealth considers a Food and Drug Administration (FDA) approved total knee arthroplasty (TKA) prosthesis medically necessary for members when the following criteria are met:
 - 1.1.1 Member meets the following safety requirements:
 - 1.1.1.1 Body Mass Index less than 40 km/m1, 2; and
 - 1.1.1.2 Documented confirmation that patient is a nonsmoker, has refrained from smoking for at least 4 weeks prior to planned surgery, or has received counseling on the effects of smoking on surgical outcomes and treatment for smoking cessation if accepted3, 4; and
 - 1.1.1.3 Hemoglobin A1c less than 8% in patients with diabetes5; and
 - 1.1.1.4 Must be able to ambulate pre-operatively within the home and/or be expected to return to ambulation within 3 days post-operative with assistive device; and
 - 1.1.1.5 Absence of an active, life-limiting condition that would likely cause death before recovery from surgery; and
 - 1.1.1.6 Development of a pre-operative plan for post-operative return to function; and
 - 1.1.2 Member meets 1 or more of the following:
 - 1.1.2.1 Member has degenerative joint disease demonstrated by ALL the following:
 - 1.1.2.1.1 Presence of significant radiographic findings, including knee joint destruction, angular deformity, or severe narrowing; and
 - 1.1.2.1.2 Optimal medical management has been tried and failed with 1 or more of the following:
 - 1.1.2.1.2.1 Oral non-steroidal anti-inflammatory drugs; or
 - 1.1.2.1.2.2 Topical non-steroidal anti-inflammatory drugs; or
 - 1.1.2.1.2.3 Acetaminophen; or
 - 1.1.2.1.2.4 Intra-articular injection of corticosteroids; and
 - 1.1.2.1.3 Documented failure or patient not candidate for more conservative measures (e.g., osteotomy); and
 - 1.1.2.1.4 Treatment indicated due to 1 or more of the following:
 - 1.1.2.1.4.1 Disabling pain; or

1.1.2.1.4.2 Functional disability.

- 1.1.2.2 Failure of previous proximal tibial or distal femoral osteotomy; or
- 1.1.2.3 Posttraumatic knee joint destruction; or
- 1.1.2.4 Distal femur fracture repair in elderly patient with osteoporosis; or
- 1.1.2.5 Limb salvage for malignancy; or

- 1.1.2.6 Congenital deformity; or
- 1.1.2.7 Hemophilic arthropathy; or
- 1.1.2.8 Replacement (revision) of previous arthroplasty as indicated by 1 or more of the following:
 - 1.1.2.8.1 Disabling pain; or
 - 1.1.2.8.2 Functional disability; or
 - 1.1.2.8.3 Progressive and substantial bone loss (osteolysis); or
 - 1.1.2.8.4 Dislocation of patella; or
 - 1.1.2.8.5 Aseptic component instability; or
 - 1.1.2.8.6 Infection; or
 - 1.1.2.8.7 Periprosthetic fracture.

2.0 RESOURCES

- 2.1 Onggo, J., et al. (2019) Obesity is associated with greater risks of complications, infections and revisions in a total hip arthroplasty population of 2,190,824 patients: A meta-analysis and systematic review. Osteoarthritis and Cartilage.
- 2.2 Giori, N.J., Amanatullah, D.F., Gupts, S., Bowe, T. & Harris, A. H. S. (2018) Risk reduction compared with access to care: Quantifying the trade-off of enforcing a body mass index eligibility criterion for joint replacement. The Journal of Bone and Joint Surgery. 100 (7): 539-545. Retrieved from www.uptodate.com
- 2.3 Lindstrom, D., et al. (2008) Effects of a perioperative Smoking Cessation Intervention on Postoperative Complications: A Randomized Trial. Annals of Surgery. 248 (5): 739-745.
- 2.4 Bedard N.A., Dowdle S.B., Wilkinson B.G., Duchman K.R., Gao Y., Callaghan J.J. (2018). What is the impact of smoking on revision total knee arthroplasty? The Journal of Arthroplasty 33 (7): S172. Retrieved from www.uptodate.com
- 2.5 Underwood, P., Askari, R., Hurwitz, S., Chamarthi, B., and Garg, R. (2014). Preoperative A1C and Clinical Outcomes in Patients with Diabetes Undergoing Major Noncardiac Surgical Procedures. Diabetes Care 37 (3): 611–616. Retrieved from care.diabetesjournals.org
- 2.6 MCG Care Guideline S-560. Hip Arthroplasty. (22nd Edition).
- 2.7 CMS Comprehensive Care for Joint Replacement Model Data Collection Requirements

3.0 CPT CODES COVERED IF CRITERIA MET

- 3.1 27447 arthroplasty, knee, condyle and plateau: medical and lateral compartments w/wo patella resurfacing (total knee arthroplasty)
- 3.2 27486-27487 revision of total knee arthroplasty, with or without allograft

4.0 POLICY REVIEW AND REVISION HISTORY

| Date | Action/Description of Change |
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| January 2020 | Changed smoking criteria to include counseling on effects of smoking on surgical |

| outcomes and treatment for smoking cessation if accepted. |
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5.0 SCOPE

This policy applies to Commercial lines of business within GlobalHealth Holdings, LLC.