

# **Aetna Clinical Policy Bulletin: 0852**

## **Subject: Total Knee Arthroplasty (TKA)**

CPT Code: 27447

Effective Date: January 1, 2025

### **I. Clinical Indications**

Aetna considers total knee arthroplasty (TKA) medically necessary when ALL of the following criteria are met:

1. Severe knee pain that interferes with daily activities and is not adequately relieved by conservative treatment for at least 3 months.
2. Radiographic evidence of moderate-to-severe osteoarthritis (Kellgren-Lawrence Grade III or IV).
3. Failed conservative treatment including at least TWO of:
  - a) Physical therapy for a minimum of 6 weeks
  - b) NSAIDs or analgesic medications
  - c) Corticosteroid injections (at least one)
  - d) Weight management program (if BMI > 30)
4. BMI less than 40 kg/m<sup>2</sup> (relative contraindication if BMI ≥ 40).
5. HbA1c less than 8.0% within the past 90 days for diabetic patients.
6. No active infection at the surgical site.

### **II. Documentation Requirements**

The following documentation must be submitted with the prior authorization request:

- Operative report or surgical plan
- Imaging studies (X-ray or MRI) dated within 6 months
- Conservative treatment records
- Recent lab results including HbA1c (if diabetic) and CBC
- Physical therapy records documenting treatment and outcomes

### **III. Experimental / Not Medically Necessary**

TKA is considered not medically necessary when:

- Conservative treatment has not been attempted for at least 3 months
- The patient has an active knee infection
- BMI exceeds 45 (absolute contraindication)