Kaiser Foundation Health Plan

Clinical Policy for Medical Necessity Criteria for Shoulder Arthroplasty

Department: Orthopedic Surgery **Effective:** 12/30/2025

Policy #: NCP 112 *(was NCP 12 until 8/4/26)* **Last Reviewed:** 12/30/2025

Overview/Definitions

Medical necessity criteria and policy are applied only after member eligibility and benefit coverage is determined. Questions concerning member eligibility and benefit coverage need to be directed to Membership Services.

Medicare Coverage Determinations

Contractor	Determination Name/Number	Revision Date
For Medicare Mbrs		
NCD	None-	
LCD	None. For Medicare lines of business, use the KP criteria	

For Medicaid Mbrs	
OR Medicaid	This policy does not apply. Check Linefinder.
WA Medicaid	This policy does not apply
Commercial and Self-Funded Plans	
OR Commercial	This policy applies
WA Commercial	This policy applies
Self-Funded Plans	This policy applies

Clinical Indications for None-Medicare Members

Shoulder arthroplasty procedures are considered medically necessary when <u>ALL</u> the following criteria are met:

Procedure is indicated for <u>1 or more</u> of the following:

1) Advanced joint disease, as indicated by <u>ALL</u> the following:

- Positive radiographic findings showing shoulder joint destruction, severe joint space narrowing or severe articular disease noted on advanced imaging, or cystic changes as well as irregular joint surfaces or glenoid sclerosis or osteophyte changes or flattened glenoid or cystic changes of the humeral head; and

- Documentation of nonoperative therapy has been tried and failed including ALL the following:
    - Anti-inflammatory medication ≥ 3 weeks, 1 or more of the following:
        - Non-steroidal anti-inflammatory drugs (oral or topical), unless contraindicated; or
        - Acetaminophen; or
        - Intra-articular injection of corticosteroids as appropriate
    - A trial of physical therapy in the last 12 months OR if conservative therapy is not appropriate, the medical record must clearly document why such approach is not reasonable. Appropriate exemptions may include 1 or more of the following:
        - Rapid progression or advancement of radiographic arthritic severity; or
        - Rapid or progressive flexion contraction; or
        - Medical or social confounding factors precluding the safety or feasibility of conservative treatment
- Replacement needed because of ALL the following:
    - 3 months of disabling pain; and
    - 3 months of functional disability in age-appropriate activities of daily living

2) Osteonecrosis of the humeral head
3) Reverse total shoulder arthroplasty, as indicated for 1 or more of the following:
    - Massive rotator cuff tear; or
    - Failed rotator cuff repair; or
    - Rotator cuff deficient arthropathy; or
    - Failed shoulder arthroplasty or hemiarthroplasty; or
    - Proximal humerus fracture with rotator cuff deficiency or malunion; or

- Complex fracture of proximal humerus; or
- Osteoarthritis >60 years of age; or
- Reconstruction after tumor resection; or
- Arthritis with posterior glenohumeral subluxation; or
- Osteonecrosis of the humeral head; or
- Pseudo-paralysis from an unrepairable rotator cuff tear; or
- Rheumatoid arthritis of the shoulder and ALL the following:
    - Positive radiographic findings (e.g., shoulder joint destruction); and
    - Documentation of nonoperative therapy has been tried and failed (e.g., anti-inflammatory medications, disease-modifying antirheumatic drugs) including ALL the following:
        - Anti-inflammatory medication ≥ 3 weeks, 1 or more of the following:
            - Non-steroidal anti-inflammatory drugs (oral or topical), unless contraindicated; or
            - Acetaminophen; or
            - Intra-articular injection of corticosteroids as appropriate
        - A trial of physical therapy in the last 12 months, OR if conservative therapy is not appropriate, the medical record must clearly document why such approach is not reasonable. Appropriate exemptions may include 1 or more of the following:
            - Rapid progression or advancement of radiographic arthritic severity; or
            - Rapid or progressive flexion contraction; or

- Medical or social confounding factors precluding the safety or feasibility of conservative treatment

- Posterior humeral head subluxation as shown by ALL the following:
  - Imaging showing either of the following findings:
    - Subluxation >50% on x-rays or advanced Imaging
  - Patient with an intact and functional deltoid muscle
  - Symptoms include function-limiting pain which interferes with the ability to perform age-appropriate activities of daily living for at least 3 months duration
  - Non-operative therapy of at least 6 weeks has been tried and failed, including physical therapy, anti-inflammatory medications and/or analgesics
- Replacement needed because of 1 or more of the following:
  - 3 months of disabling pain; and
  - 3 months of functional disability in age-appropriate activities of daily living

4) Replacement (revision) of previous arthroplasty or hemiarthroplasty needed because of 1 or more of the following:
   - Instability of glenoid or humeral components; or
   - Failed rotator cuff tendon after anatomic shoulder replacement or hemiarthroplasty; or
   - Fracture or mechanical failure of implant; or
   - Glenoid erosion from humeral prosthetic component of hemiarthroplasty; or
   - Infection; or
   - Proximal migration of humeral head; or
   - Recurrent prosthetic dislocation unresponsive to a reasonable course of non-surgical care; or

- Aseptic loosening; or
- Periprosthetic fracture

5) Member with BMI < 40: if BMI is > 40, optimization efforts must be documented, demonstrating active attempts towards weight loss as shown by sustained weight loss over 3-6 months OR stagnant weights despite documented active participation in a weight loss or exercise program. Formal nutritional counseling must be documented. If optimization attempts are unsuccessful, the surgeon and patient may proceed if there is documentation of understanding of the risks through shared decision making. However, BMI > 40 is a relative contraindication. Despite not achieving this BMI, if the provider has documented adequate efforts to improve these parameters, the case will be reviewed on a case-by-case basis by a medical director.
6) Member without diabetes, or diabetes with HbA1c < 8. Members who have an A1C above goal must actively be involved with medical management and demonstrate a reduction in A1c over 3-6 months. If optimization attempts are unsuccessful, the surgeon and patient may proceed if there is documentation of understanding of the risks through shared decision making. A1c > 8.0 is a relative contraindication. Despite not achieving this A1c, if the provider has documented adequate efforts to improve these parameters, the case will be reviewed on a case-by-case basis by a medical director.
7) Member is a nonsmoker or members who use nicotine/tobacco must be actively involved in a nicotine cessation program and must be nicotine/tobacco-free for a minimum of 30 days prior to surgery or have a 90% reduction in nicotine/tobacco use. If nicotine/tobacco reduction attempts are unsuccessful, the surgeon and patient may proceed if there is documentation of understanding of the risks through shared decision making. No changes in nicotine/tobacco use is a relative contraindication. Applies to non-emergent/urgent traumatic indications.

Shoulder hemiarthroplasty procedure are considered medically necessary when <u>ALL</u> the following are met:

1) Procedure is indicated for <u>1 or more</u> of the following:
    - Proximal humerus fracture and <u>1 or more</u> of the following:
        - Displaced 3-part or 4-part fracture
        - 3-part or 4-part fracture in osteoporotic bone
        - Fracture dislocation

- Anatomic neck fracture
- Humeral head-splitting or depression fracture
- Fracture of humerus articular surface greater than 40%
- Failed reduction or malunion

- Advanced joint disease and ALL the following:
  - Positive radiographic findings (e.g., shoulder joint destruction or severe articular disease noted on advanced imaging severe narrowing, erosion, inadequate bone stock of the glenoid); and
  - Documentation of nonoperative therapy has been tried and failed, including ALL the following:
    - Anti-inflammatory medication ≥ 3 weeks, 1 or more of the following:
      - Non-steroidal anti-inflammatory drugs (oral or topical), unless contraindicated; or
      - Acetaminophen; or
      - Intra-articular injection of corticosteroids as appropriate
    - A trial of physical therapy in the last 12 months OR if conservative therapy is not appropriate, the medical record must clearly document why such approach is not reasonable. Appropriate exemptions may include 1 or more of the following:
      - Rapid progression or advancement of radiographic arthritic severity
      - Rapid or progressive flexion contraction
      - Medical or social confounding factors precluding the safety or feasibility of conservative treatment
  - Replacement is needed because of 1 or more of the following:
    - 3 months of disabling pain; and

        - 3 months of functional disability in age-appropriate activities of daily living
      - Patient is capable of participating in required rehabilitation to achieve a positive outcome
    - Osteonecrosis of humeral head
    - Periprosthetic shoulder infection (e.g., with substantial glenoid bone loss)
    - Malignancy involving the glenohumeral joint or surrounding soft tissue amenable to resection and hemiarthroplasty
    - Glenohumeral OA with an irreparable rotator cuff tear or due to rotator cuff arthropathy

2) Member with BMI < 40: if BMI is > 40, optimization efforts must be documented, demonstrating active attempts towards weight loss as shown by sustained weight loss over 3-6 months OR stagnant weights despite documented active participation in a weight loss or exercise program. Formal nutritional counseling must be documented. If optimization attempts are unsuccessful, the surgeon and patient may proceed if there is documentation of understanding of the risks through shared decision making. However, BMI > 40 is a relative contraindication. Despite not achieving this BMI, if the provider has documented adequate efforts to improve these parameters, the case will be reviewed on a case-by-case basis by a medical director.

3) Member without diabetes, or diabetes with HbA1c < 8. Members who have an A1C above goal must actively be involved with medical management and demonstrate a reduction in A1c over 3-6 months. If optimization attempts are unsuccessful, the surgeon and patient may proceed if there is documentation of understanding of the risks through shared decision making. A1c > 8.0 is a relative contraindication. Despite not achieving this A1c, if the provider has documented adequate efforts to improve these parameters, the case will be reviewed on a case-by-case basis by a medical director.

4) Member is a nonsmoker or members who use nicotine/tobacco must be actively involved in a nicotine cessation program and must be nicotine/tobacco-free for a minimum of 30 days prior to surgery or have a 90% reduction in nicotine/tobacco use. If nicotine/tobacco reduction attempts are unsuccessful, the surgeon and patient may proceed if there is documentation of understanding of the risks

through shared decision making. No changes in nicotine/tobacco use is a relative contraindication. Applies to non-emergent/urgent traumatic indications.

Coding

CPT Codes	Description
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component

References

1. Throckmorton TW. Shoulder and elbow arthroplasty. In: Azar FM, Beaty JH, editors. Campbell's Operative Orthopaedics. 14th ed. Philadelphia, PA: Elsevier; 2021:600-655.e8.

History Details

Type	Action	Date
Review/Revised	Reviewed at UM Quality Oversight Committee	12/16/25
Changed NCP #	NCP # changed from 12 to 112	8/4/26