Policy Number	**SUR705.024**
Policy Effective Date	**5/7/2026**

Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee

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Related Policies (if applicable)
None

Disclaimer

Carefully check state regulations and/or the member contract.
Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

Coverage

Unicondylar interpositional spacer **is considered experimental, investigational and/or unproven** as a treatment of unicompartmental arthritis of the knee.

Policy Guidelines

There is no specific procedure code for this procedure.

Description

Osteoarthritis

Knee osteoarthritis, also known as degenerative joint disease of the knee, is typically the result of wear and tear and progressive loss of articular cartilage. Knee OA can be divided into two types, primary and secondary. Primary OA is articular degeneration without any apparent underlying reason. Secondary OA is the consequence of either an abnormal concentration of force across the joint as with post-traumatic causes or abnormal articular cartilage, such as rheumatoid arthritis. Common clinical symptoms include knee pain that is gradual in onset and worse with activity, knee stiffness and swelling, pain after prolonged sitting or rest. Progression and severity of symptoms may vary between individuals, however, they typically become more severe, more frequent and more debilitating over time. (3)

Treatment

Nonsurgical treatment for knee OA generally begins with conservative management including weight loss, knee bracing, medications, physical therapy and activity modification. These nonsurgical interventions do not alter the underlying disease process but substantially diminish pain and disability. The most severe cases of knee OA often progresses to surgical treatment such as high tibial osteotomy or arthroplasty.

Younger patients are usually not considered ideal candidates for total knee arthroplasty since they would be expected to need at least one additional total knee replacement in their lifetime. The preferred option for individuals less than 50 years of age with unicompartmental disease is HTO. Ideal candidates include non-obese individuals who are physically active with good vascular status in which knee pain interferes with their daily life. The purpose of HTO is to delay the need for knee arthroplasty for up to 10 years.

Older patients with arthritis who would typically consider a total knee replacement are the type of individuals who might be considered for a unicondylar knee arthroplasty as an alternative to an HTO and total knee arthroplasty. UKA is indicated for older patients, typically 60 years or older who are relatively thin.

A TKA is the surgical treatment option for individuals who have failed conservative management and for individuals with OA in more than one compartment. It is regarded as a valuable intervention for select individuals who have severe daily pain along with radiographic evidence of knee OA. (3)

Interpositional Unicondylar Spacers

Metallic interpositional unicondylar spacers have been developed as possible alternatives to osteotomy or unicompartmental arthroplasty. These devices do not require any bone resection or mechanical fixation for proper function. Following debridement and resection

of the meniscus, the device is fit to the joint space above the affected tibial plateau and held in place by its geometry, ligament tension and the surrounding soft tissue structures. The uncemented implant adapts to the kinematics of the knee, with a smooth metallic curved surface against which the femur articulates. Preservation of bone is important for the use of interpositional spacers as a bridge procedure in active young adults or for overweight patients who would not be candidates for unicompartmental arthroplasty. (4)

Regulatory Status

NOTE: This section is to be used for informational purposes only. U.S. Food and Drug Administration approval alone is not a basis for coverage.

The U.S. FDA approved unicondylar spacer devices under a 510(k) marketing clearance. Table 1 lists FDA approved unicondylar spacer devices under FDA product code HSH.

Refer to accessdata.fda.gov for the most current/comprehensive list of FDA approved unicondylar spacer devices.

Table 1. Unicondylar Spacer Devices That Have Received FDA 510(k) Clearance

Device Name	FDA Approval Date	Indication
Unicondylar Interpositional Spacer or "UniSpacer™" (K003269) (4)	2001	For uncemented use in treatment of moderate degeneration of the medial compartment of the knee (grade III-IV chondromalacia) with no more than minimal degeneration (grade I-II chondromalacia, no loss of joint space) in the lateral condyle and patellofemoral compartments.
Oti Unicondular Interpositional Spacer (K022779) (5)	2002	For uncemented treatment of the tibia articulating surfaces (medial and lateral) of the following: moderate degeneration of the medial and/or lateral compartment of the knee (grade II-IV chondromalacia) and minimal degeneration (grade I-II chondromalacia, no loss of joint space) in the patellofemoral components.
Knee Interpositional Mini-Repair System™ (K033242) (6)	2003	For uncemented treatment of the medial and/or lateral tibial articulating surfaces of the following: Moderate degeneration of the medial or lateral compartment of the knee (grade II-IV chondromalacia) and minimal degeneration (grade I-II chondromalacia, no loss of joint space) in the patellofemoral compartments. The Knee Interpositional Mini-Repair System is intended to be implanted in the knee as a non-fixated, intra-

		articular support with minimal to no movement of the device after implantation.
Orthoglide Medial Knee Implant™ (K053094) (7) which includes models 9056, 9057, 9060, 9062, 9063, 9064, 9065	2006	For uncemented use in the treatment of moderate degeneration of the medial compartment of the knee (grade II-IV chondromalacia) with no more than minimal degeneration (grade I-II chondromalacia, no loss of joint space) in the lateral and patellofemoral compartments in patients with osteoarthritis.
Orthoglide® lateral Knee Implant® (K073233) (8)	2008	For uncemented use in the treatment of moderate degeneration of the lateral compartment of the knee (grade II-IV chondromalacia) with no more than minimal degeneration (grade I-II chondromalacia, no loss of joint space) in the medial and patellofemoral compartments in patients with osteoarthritis.

Rationale

This policy is based on a review of relevant professional guidelines and position statements.

Professional Guidelines and Position Statements

American Academy of Orthopaedic Surgeons

In a 2022 guideline on the management of osteoarthritis of the knee, the AAOS provided a consensus statement that recommends against the use of a free-floating interpositional device in patients with symptomatic unicompartmental knee osteoarthritis, as there is no reliable evidence to support its use. (1)

National Institute for Health and Care Excellence

The 2015 NICE guideline for mild to moderate knee OA states, “Current evidence on the safety and efficacy of implantation of a shock or load absorber for mild to moderate symptomatic medial knee osteoarthritis is inadequate in quality and quantity therefore should only be used in the context of research.” Additionally, NICE went on to state: “Further research into implantation of a shock or load absorber for mild to moderate symptomatic medial knee osteoarthritis should include comparative studies against existing forms of management. Studies should record patient selection, functional outcomes, quality of life and complications. They should also report the nature and timing of any further surgery on the knee and the effect of removing the device. A minimum follow-up period of 2 to 3 years is needed.” (2)

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	27599, 29999
HCPCS Codes	C1776

*Current Procedural Terminology (CPT®) ©2025 American Medical Association: Chicago, IL.

References

Professional Guidelines and Position Statements:

1. Brophy R, Fillingham Y. American Academy of Orthopaedic Surgeons Clinical Practice Guideline Summary: Management of osteoarthritis of the knee (non-arthroplasty), Third edition. J Am Acad Orthop Surg. May 1, 2022; 30(9):e721-e729. PMID 35383651
2. National Institute for Health and Clinical Excellence. Implantation of a shock or load absorber for mild to moderate symptomatic medical knee osteoarthritis. Interventional procedure guidance 512 (January 2015). Available at nice.org.uk (accessed Jan. 20, 2026).

Other:

3. Hsu H, Siwiec RM. Knee Osteoarthritis. [Updated 2023 Jun 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; January 2025. Available at ncbi.nlm.nih.gov (accessed Jan. 21, 2026).
4. U.S. Food and Drug Administration (FDA). 510(k) Summary: Unicondylar Interpositional Spacer (K003269). Sulzer Orthopedics Inc. Available at accessdata.fda.gov (accessed Jan. 21, 2026).
5. U.S. Food and Drug Administration (FDA). 510(k) Summary: Oti Unicondular Interpositional Spacer Osteoimplant (K022779). Available at accessdata.fda.gov (accessed Jan. 21, 2026).

6. U.S. Food and Drug Administration (FDA). 510(k) Summary: Knee Interpositional Mini-Repair System (K033242). Available at accessdata.fda.gov (accessed Jan. 21, 2026).
7. U.S. Food and Drug Administration (FDA). 510(k) Summary: Orthoglide® Medial Knee Implant (K053094). Available at accessdata.fda.gov (accessed Jan. 21, 2026).
8. U.S. Food and Drug Administration (FDA). 510(k) Summary: Orthoglide® Lateral Knee Implant (K073233). Available at accessdata.fda.gov (accessed Jan. 21, 2026).

Centers for Medicare and Medicaid Services

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services does not have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been developed since this medical policy document was written. See Medicare's National Coverage at cms.hhs.gov.

Policy History/Revision

Date	Description of Change
5/7/2026	New medical document. Unicondylar interpositional spacer is considered experimental, investigational and/or unproven as a treatment of unicompartmental arthritis of the knee.