

Highmark Commercial Medical Policy-NY

Medical Policy:	S-306-0023
Topic (or Title):	Knee Surgery: High Tibial Osteotomy
Section:	Surgery
Effective Date:	February 9, 2026 June 1, 2026
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A high tibial osteotomy is a surgical procedure performed to treat medial, unicompartmental osteoarthritis of the knee and/or a malalignment of the bones that form the knee joint.

Policy Position

High tibial osteotomy may be considered medically necessary when **ALL** of the following are met:

- The individual has a diagnosis of unicompartmental osteoarthritis of the knee; **and**
- The individual is experiencing function-limiting pain; **and**
- Radiographic imaging shows single compartment arthritis with varus or valgus deformity; **and**
- Physical examination shows **ALL** of the following:
 - Fixed varus deformity is less than 15 degrees; **and**
 - The joint is stable in full extension; **and**
 - The anterior cruciate ligament (ACL) is intact; **and**
 - The individual is capable of at least 90 degrees of flexion; **and**
- The individual has failed at least three (3) months of provider-directed conservative management (e.g., physical therapy, weight loss, NSAIDs or acetaminophen for pain control, bracing, intra-articular corticosteroid injections); **and**
- The individual is 60 years of age or younger.

High tibial osteotomy not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

27457

References

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Related Policies

Refer to Medical Policy S-197 Manipulation Under Anesthesia for additional information.

Refer to Medical Policy S-303 Knee Surgery: Anteriolateral Ligament (ALL) Reconstruction for additional information.

Refer to Medical Policy S-304 Knee Surgery: Abrasion Arthroplasty/Microfracturing/Subchondral Drilling for additional information.

Refer to Medical Policy S-305 Knee Surgery: Patellofemoral for additional information.

Refer to Medical Policy S-306 Knee Surgery: High Tibial Osteotomy for additional information.

Refer to Medical Policy S-328 Knee Surgery: Meniscal Allograft Transplantation for additional information.

Refer to Medical Policy S-329 Knee Surgery: Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions for additional information.

Refer to MCG Guideline A-0415 Autologous Chondrocyte Implantation, Knee for additional information.

Refer to MCG Guideline A-0416 Mosaicplasty for additional information.

Refer to MCG Guideline A-0655 Iliotibial Band Lengthening for additional information.

Refer to MCG Guideline S-705 Knee Arthroscopy for additional information.

Refer to MCG Guideline S-710 Knee Arthrotomy for additional information.

Refer to MCG Guideline S-760 Knee: Fracture of Tibial Plateau, Closed or Open Reduction for additional information.

Refer to MCG Guideline S-770 Knee: Patella Reconstruction or Realignment for additional information.

Refer to MCG Guideline S-1131 Tibial Osteotomy, Child or Adolescent for additional information.

Diagnosis Codes

M17.0 M17.11 M17.12 M17.2 M17.31 M17.32 M17.4
M17.5

Place of Service: Outpatient

High tibial osteotomy is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

The policy position applies to all commercial lines of business

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

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 - *Qualified sign language interpreters*
 - *Written information in other formats (large print, audio, accessible electronic formats, other formats)**
- *Provides free language services to people whose primary language is not English, such as:
 - *Qualified interpreters*
 - *Information written in other languages**

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

*U.S. Department of Health and Human Services
200 Independence Avenue, SW*

Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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DRAFT

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

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ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

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