

Table 4. Comparison of AAOS clinical practice guideline recommendations and health technology assessment (HTA) coverage decisions.

| Topic                | Subtopic       | AAOS<br>CPG<br>Recommendation  | HTCC<br>Coverage<br>Decision  |
|----------------------|----------------|--|---|
| Hyaluronic acid      | 21-Jul-23 Knee | We cannot recommend using hyaluronic acid for patients with symptomatic osteoarthritis of the knee.<br>Strength of Recommendation: Strong<br>( <i>Treatment of Osteoarthritis of the Knee</i> , Second edition, 2013)  | Not covered   |
|                      | Hip            | Intraarticular hyaluronic acid should not be considered for treatment of symptomatic osteoarthritis of the hip as it does not improve function or reduce pain better than placebo.<br>Quality of Evidence: High<br>Strength of Recommendation: Strong<br>( <i>Treatment of Osteoarthritis of the Hip</i> , 2023) | Not covered   |
|                      | 15-Nov-13 Knee | Hyaluronic acid intra-articular injection(s) is not recommended for routine use in the treatment of symptomatic osteoarthritis of the knee.<br>Strength of Recommendation: Moderate (downgrade)<br>( <i>Treatment of Osteoarthritis of the Knee</i> , Third edition, 2021)                                       | Conditionally covered:<br>Hyaluronic Acid/Viscosupplementation is a covered benefit for the treatment of pain associated with Osteoarthritis (OA) of the knee when all of the following conditions are met:<br>- In patients who have not had an adequate response to nonpharmacological conservative treatment and simple analgesics;<br>- Is limited to two courses per year with at least four months between courses; and<br>- Documented evidence of clinical benefit from the prior course of treatment is required for subsequent treatment courses. |
| Platelet-rich plasma | 21-Jul-23 Knee | Platelet-rich plasma (PRP) may reduce pain and improve function in patients with symptomatic osteoarthritis of the knee.<br>Strength of Recommendation: Limited (downgrade)<br>( <i>Treatment of Osteoarthritis of the Knee</i> , Third edition, 2021)   | Not covered   |

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|                                   | Hip       |                     | No recommendation  | Not covered  |
|                                   | 20-May-16 | Knee                | We are unable to recommend for or against growth factor injections and/or platelet rich plasma for patients with symptomatic osteoarthritis of the knee.<br>Strength of Recommendation: Inconclusive<br>( <i>Treatment of Osteoarthritis of the Knee</i> , Second edition, 2013) | Not covered  |
| Nerve ablation                    | 18-Jan-19 |                     | Denervation therapy may reduce pain and improve function in patients with symptomatic osteoarthritis of the knee.<br>Strength of Recommendation: Limited (downgrade)<br>( <i>Treatment of Osteoarthritis of the Knee</i> , Third edition, 2021)                                  | Not covered  |
| Extracorporeal shock wave therapy | 17-Mar-17 |                     | Extracorporeal shockwave therapy may be used to improve pain and function for treatment of osteoarthritis of the knee.<br>Strength of Recommendation: Limited (downgrade)<br>( <i>Treatment of Osteoarthritis of the Knee</i> , Third edition, 2021)                             | Not covered  |
| Hip resurfacing                   | 15-Nov-13 |                     | No recommendation  | Not covered  |
| Knee arthroplasty                 | 22-Oct-10 | Computer navigation | There is no difference in outcomes, function, or pain between navigation and conventional techniques.<br>Quality of Evidence: High<br>Strength of Recommendation: Moderate (downgraded)<br>( <i>Surgical Management of Osteoarthritis of the Knee</i> , 2022)                    | Conditionally covered:<br>Total Knee Arthroplasty with Computer Navigation is a covered benefit. |

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|  |           | Unicompartmental knee arthroplasty (UKA) | <p>The practitioner can use unicompartmental arthroplasty vs total knee arthroplasty for patients with predominantly medial compartment osteoarthritis, as evidence reports improved patient reported and functional outcomes in the short term; however, long-term rates of revisions in unicompartmental knee arthroplasty may be higher than total knee arthroplasty.</p> <p>Quality of Evidence: High<br/> Strength of Recommendation: Moderate (downgraded)<br/> <i>(Surgical Management of Osteoarthritis of the Knee , 2022)</i></p> | <p>Conditionally covered:<br/> For individuals with uni-compartmental disease, unicompartmental partial Knee Arthroplasty is a covered benefit.</p> |
|  |           | Bicompartmental UKAs                     | No recommendation   | Not covered   |
| Electrical neural stimulation                | 30-Oct-09 |  | <p>Modalities that may be used to improve pain and/or function in patients with knee osteoarthritis include:<br/> a. Transcutaneous Electrical Nerve Stimulation (pain)<br/> Strength of Recommendation: Limited (downgrade)<br/> <i>(Treatment of Osteoarthritis of the Knee , Third edition, 2021)</i></p>  | Not covered   |
| Arthroscopic surgery for knee osteoarthritis | 15-Aug-08 |  | <p>Arthroscopy with lavage and/or debridement in patients with a primary diagnosis of knee osteoarthritis is not recommended.</p> <p>Strength of Recommendation: Moderate<br/> <i>(Treatment of Osteoarthritis of the Knee, Third edition, 2021)</i></p>  | Not covered   |