Hip and Knee Arthroplasty (Medicare)

Prior Authorization Tip Sheet

*This tip sheet is intended to further assist you in the prior authorization process and for clarification of the Evolent (formerly National Imaging Associates, Inc.) clinical guidelines. It is for informational purposes only and is **NOT** intended as a substitute for the clinical guidelines that should be reviewed prior to submitting requests for surgical procedures.*

Guideline LCD Number: L36039

Office notes should clearly state the surgical plan and laterality

❖ Requests for hip and knee arthroplasty require documentation of:

- Pain or functional disability attributable to advanced joint disease
- 3 months of non-operative treatment to include **one modality** such as rest, activity modification, weight reduction, heat, ice, use of ambulatory devices, NSAIDS, analgesics, physical therapy, intraarticular injections, etc.

  Physical therapy is **NOT** required for approval and is only one of many options for non-operative treatment

  ***Non-surgical medical management may be inappropriate, ineffective or counterproductive when one or more of the following is present: **bone on bone** articulation; and/or severe deformity; and/or severe pain (particularly at rest) and significant disabling interference with activities of daily living (ADL).*

- Advanced arthritis of the knee or hip supported by X-ray* or MRI. The X-ray or MRI should demonstrate **one** of the following:
  - subchondral cysts;
  - subchondral sclerosis;
  - periarticular osteophytes;
  - joint subluxation;
  - joint space narrowing;
  - avascular necrosis;
  - **or** bone on bone articulations.

  If an MRI was performed, the actual radiology report should be provided.

**X-rays described as showing "severe", "advanced" or "end-stage" arthritis requires further clarification to include more descriptive terms as stated above.*

- Two separate requests are required for TKA vs. UKA. (See Evolent guideline 315 for additional requirements for UKA approval)

- For members with significant conditions or co-morbidities, the risk/benefit of the TKA or THA should be appropriately addressed in the medical record.

❖ REVISION KNEE ARTHROPLASTY

Replacement/Revision knee arthroplasty is considered reasonable and necessary for individuals with **one or more** of the following:

- Loosening of one or more component
- Fracture or mechanical failure of one or more components
- Infection
- Periprosthetic fracture of distal femur, proximal tibia or patella
- Progressive or substantial periprosthetic bone loss
- Bearing surface wear with symptomatic synovitis
- Implant or knee misalignment
- Knee stiffness/arthrofibrosis
- Tibiofemoral instability
- Extensor mechanism instability

❖ REVISION HIP ARTHROPLASTY

Replacement/Revision hip arthroplasty is considered reasonable and necessary for individuals with **one or more** of the following:

- Loosening of one or both components
- Fracture or mechanical failure of the implant
- Recurrent or irreducible dislocation
- Infection
- Treatment of a displaced periprosthetic fracture
- Clinically significant leg length inequality not amenable to conservative management
- Progressive or substantial bone loss
- Bearing surface wear leading to symptomatic synovitis or local bone or soft tissue reaction
- Clinically significant audible noise
- Adverse local tissue reaction.

**When infection is the reason for revision TKA or THA surgery, laboratory and/or pathology reports must be in the medical record and all documentation regarding treatment of the infection and a physician note indicating that it is appropriate to proceed with surgery should be in the medical record as well.*