

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 Magellan Healthcare¹ 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****

❖ 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).*

¹National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

- 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 NIA 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 HIP and KNEE ARTHROPLASTY

- The specific criteria required for revision hip or knee arthroplasty are outlined in the appropriate guideline. Approval for revisions due to **infection** will also require documentation of no active infection, ruled out by appropriate testing (ESR, CRP, WBC) and/or synovial fluid aspiration/biopsy (cell count and culture) AND off antibiotics.