

Hip and Knee Arthroplasty (Commercial)

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 numbers: NIA_CG_313 Hip and NIA_CG_315 Knee

****Office notes should clearly state the surgical plan****

- Office notes should document:
 - Symptom onset, duration, and severity;
 - Loss of function and/or limitations;
 - Type and duration of non-operative management modalities.
- ❖ Requests for hip and knee arthroplasty require documentation of:
 - 6 months of symptoms
 - and**
 - 3 months of non-operative treatment to include **2 different modalities** 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

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

- Physical examination consistent with arthritis of the hip or knee.
- X-rays* that demonstrate **advanced** arthritis described as Kellgren-Lawrence grade 3 or 4 changes or described as showing severe narrowing, subchondral sclerosis, multiple osteophytes, etc. **MRI** should not be the primary radiographic test used to determine the presence or severity of arthritic changes in the joint. However, 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.*

- All requests for simultaneous bilateral total knee replacements will be reviewed on a case by case basis and records should clearly indicate why simultaneous TKA is preferable to staged procedures.
- Two separate requests are required for TKA vs. UKA.
- In addition to the documentation for duration of symptoms, type and duration of non-operative treatment and **weight-bearing X-rays** that show advanced arthritis limited to only one compartment, requests for a **UKA** require the following:
 - BMI <40
 - 50 years of age or older
 - Normal ACL
 - Total ROM at least 90 degrees
 - Contractures < 5-10 degrees
 - Angular deformities < 10 degrees
- **A cortisone injection** given within 3 months of surgery is an absolute contraindication.

❖ 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.