

# Shoulder Arthroplasty

## Prior Authorization Tip Sheet

*This tip sheet is intended to further assist you in the prior authorization process and for clarification of the Magellan Healthcare<sup>1</sup> 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 NIA\_CG-317

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

#### ❖ TOTAL SHOULDER ARTHROPLASTY

- Office notes should document:
  - Symptom onset, duration, and severity;
  - Loss of function and/or limitations;
  - Type and duration of non-operative management modalities.
- 3 months of non-operative treatment that includes at least **ONE** of the following is required:
  - Physical therapy or properly instructed home exercise program
  - Rest or activity modification
  - NSAIDS or analgesic
  - Cortisone injections
- Evidence of complete or near-complete loss of the joint space, confirmed with axillary and/or IR/ER AP X-rays\*. **MRI** should not be the primary imaging study to determine the extent of disease however if 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.*
- Adequate glenoid bone stock confirmed with an axillary X-ray, CT or MRI.

<sup>1</sup>National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

- A functional and intact rotator cuff and deltoid confirmed by physical examination and/or an MRI.
- **A cortisone injection** given within 3 months of surgery is an absolute contraindication.

## ❖ REVISION TOTAL SHOULDER ARTHROPLASTY

- The specific criteria required for revision shoulder arthroplasty are outlined in the appropriate guideline (NIA 317). 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.

## ❖ REVERSE TOTAL SHOULDER ARTHROPLASTY

- Office notes should document:
  - Symptom onset, duration, and severity;
  - Loss of function and/or limitations;
  - Type and duration of non-operative management modalities.
- The indications for a reverse TSA continue to evolve however at present, the following criteria are required:
  - Non-repairable massive (> 2 tendons) rotator cuff tear AND intact deltoid AND inability to actively elevate the arm above the level of the shoulder (90 degrees) (i.e. nonfunctional cuff tear arthropathy);
  - Age > 65 (note: requests for RTSA in members less than 65 will be reviewed on a case-by-case basis);
  - Failure of at least 12 weeks of non-operative treatment that includes **ALL** the following:
    1. Formal physical therapy for deltoid retraining
    2. At least one corticosteroid injection
    3. Member must be compliant with instructions and understand long-term activity is limited to basic activities of daily living;
- A cortisone injection within 3 months of surgery is an absolute contraindication