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 National Imaging Associates, Inc. (NIA)[1] 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.

[1] *Effective 1/20/2023, National Imaging Associates, Inc. is now a subsidiary of Evolent Health. Evolent Health and its affiliates and subsidiaries collectively referred to as "Evolent."*

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 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.*