# 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 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 numbers: NIA_CG_313 Hip and NIA_CG_315 Knee

### **Office notes should clearly state the surgical plan and laterality**

- Office notes should document:
    - Symptom onset, duration, and severity;
    - Loss of function and/or limitations;
    - Type and duration of non-operative management modalities.

### **Some requests for a THA or TKA do not require any non-operative treatment for approval:

#### Hip

- extensive disease due to rheumatoid arthritis
- femoral neck fracture
- malignancy
- dysplasia
- avascular necrosis (confirmed by imaging)
- radiographs (X-rays) demonstrate **bone-on-bone articulation**
- **AND** there is persistent pain and documented loss of function with any of the above.

#### Knee

- extensive disease or damage due to rheumatoid arthritis
- post-traumatic arthritis (i.e., previous proximal tibia or distal femur fracture causing subsequent arthritis)
- fracture
- avascular necrosis confirmed by imaging
- radiographs (X-rays) demonstrate **bone-on-bone articulation**
- **AND** there is persistent pain and documented loss of function with any of the above.

[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."*

❖ Unless listed above, requests for hip and knee arthroplasty will require documentation of:

- 3 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***

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/Tonnis grade 2 or 3 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 require further clarification to include more descriptive terms as stated above.*

- All requests for simultaneous bilateral THA/TKA should clearly indicate why simultaneous procedures are preferable to staged procedures. Associated risks with simultaneous bilateral THA/TKA should also be discussed with the patient and documented in the medical record
- Two separate requests are required for TKA vs. UKA.
- 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:
  - Normal ACL
  - Total ROM at least 90 degrees
  - Contractures < 5-10 degrees
  - Angular deformities < 10 degrees
- **A cortisone injection** given within 12 weeks of surgery is an absolute contraindication.
- **No prior arthroscopic surgery within last 6 months**

## ❖ REVISION HIP and KNEE ARTHROPLASTY

- The specific criteria required for revision hip or knee arthroplasty are outlined in the appropriate guideline section.
- If the revision is for a **previous removal of an infected hip/knee prosthesis**, there should be documentation of no current, ongoing, or inadequately treated infection (ruled out by normal inflammatory markers (ESR and CRP) **or significant improvement** in these markers and a **clear statement by the treating surgeon that infection has been adequately treated.** If these inflammatory markers are elevated, further evaluation is required, including an aspiration with synovial fluid WBC count, gram stain and cultures, or an intraoperative frozen biopsy. **The patient should be off antibiotics** at the time of preoperative testing, aspiration, and re-implantation.
- If the revision is for obvious hardware failure only, inflammatory markers are not required.

**Tönnis Classification of Osteoarthritis by Radiographic Changes**

| Grade | Description |
|---|---|
| 0 | No signs of osteoarthritis |
| 1 | Mild: Increased sclerosis, slight narrowing of the joint space, no or slight loss of head sphericity |
| 2 | Moderate: Small cysts, moderate narrowing of the joint space, moderate loss of head sphericity |
| 3 | Severe: Large cysts, severe narrowing or obliteration of the joint space, severe deformity of the head |

**Kellgren-Lawrence Grading System:**

(MRI should not be the primary tool used to determine the presence or severity of arthritic changes in the joint).

| Grade | Description |
|---|---|
| 0 | No radiographic features of osteoarthritis |
| 1 | Possible joint space narrowing and osteophyte formation |
| 2 | Definite osteophyte formation with possible joint space narrowing |
| 3 | Moderate multiple osteophytes, definite narrowing of joint space, some sclerosis and possible deformity of bone contour (*some sclerosis and cyst formation)* |
| 4 | Large osteophytes, marked narrowing of joint space, severe sclerosis and definite deformity of bone contour. |