



Authorization criteria: Hip arthroplasty for adults, total, revision

For BCN HMOSM (commercial) and BCN AdvantageSM members
For Blue Cross Medicare Plus BlueSM PPO members

Clinical review is required for adult members (age ≥18). The medical necessity criteria are outlined below.

CPT codes: *27090, *27091, *27134, *27137, *27138

Fractured prosthesis or cement

The following must be met:

1. Fractured prosthesis or cement identified by imaging
2. No active infection in any location

Malposition of acetabular or femoral component

The following must be met:

1. Malposition of acetabular or femoral component identified by imaging
2. No active infection in any location

Recurrent dislocation

The following must be met:

1. Recurrent dislocation identified by imaging
2. No active infection in any location

Symptomatic loosening of prosthesis or cement

The following must be met:

1. Symptomatic loosening of prosthesis or cement identified by imaging
2. No active infection in any location

Thigh pain with uncemented component

All of the following must be met:

1. Thigh pain for at least 6 months
2. Continued symptoms or findings after treatment within the past year with ALL of the following:
 - a. NSAIDS or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated)
 - b. PT or physician directed home exercise for at least 12 weeks
 - c. External joint support/immobilization devices (for example, canes, crutches, walkers, splints, taping braces, immobilizers) for at least 12 weeks
 - d. Activity modification for at least 12 weeks
3. No active infection in any location

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Joint infection

BOTH of the following must be met:

1. Joint infection indicated by ONE OR MORE of the following:
 - a. Sinus tract communicating with prosthetic joint identified by imaging
 - b. Prosthetic joint infection by positive synovial fluid culture or tissue culture with ONE OR MORE of the following:
 - i. Two cultures positive for the same organism
 - ii. Culture positive for Staphylococcus aureus (S. aureus)
 - iii. Culture positive for gram negative organism
 - iv. Culture positive for enterococci
 - c. Signs and symptoms of infection as indicated by BOTH of the following:
 - i. Prosthetic joint signs and symptoms of ONE OR MORE of the following:
 1. Joint pain, OR
 2. Erythema, OR
 3. Drainage at the joint on physical exam, OR
 4. Swelling at the joint by physical exam
 - ii. Findings of TWO OR MORE of the following:
 1. Temperature > 100.4 F (38.0 C)
 2. Synovial WBC or neutrophil percentage > normal
 3. ESR > 30 mm/hr
 4. C-reactive protein > normal
2. BOTH of the following:
 - a. EITHER of the following:
 - i. Joint infection within the immediate post-operative period of 4 weeks from total joint replacement, OR
 - ii. New joint symptoms and findings after the immediate post-operative period that are greater than 3 weeks in duration
 - b. EITHER of the following:
 - i. Loosening of prosthesis or cement identified by imaging, OR
 - ii. Continued symptoms or findings after treatment with BOTH of the following:
 1. IV anti-infectives for at least for 4 weeks, AND
 2. Joint lavage AND drainage

References

McKesson's InterQual[®] 2017 Procedures Criteria, Removal and Replacement, Total Joint Replacement (TJR), Hip