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


**Fractured prosthesis or cement**
The following must be met:
1. Fractured prosthesis or cement identified by imaging
2. No active infection in any location excluding bacteriuria

**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 excluding bacteriuria

**Recurrent dislocation**
The following must be met:
1. Recurrent dislocation identified by imaging
2. No active infection in any location excluding bacteriuria

**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 excluding bacteriuria

**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 excluding bacteriuria

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Current authorization criteria effective date: March 2019
Authorization criteria:
Hip arthroplasty for adults, total, revision
For BCN HMO℠ (commercial) and BCN Advantage℠ members
For Medicare Plus Blue℠ PPO members

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
Change Healthcare’s InterQual® 2018 Procedures Criteria, Removal and Replacement, Total Joint Replacement (TJR), Hip

Current authorization criteria effective date: March 2019