Authorization criteria: 
Knee 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: *27486, *27487, *27488

**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 tibial or femoral component**
The following must be met:
1. Malposition of tibial 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

**Worn or dislocated plastic insert**
The following must be met:
1. Worn or dislocated plastic insert identified by imaging
2. No active infection in any location

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Current authorization criteria effective date: March 2018
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 (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 postoperative 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 Adult Criteria Removal and Replacement, Total Joint Replacement (TJR) Knee

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Current authorization criteria effective date: March 2018