

Authorization criteria: Knee replacement surgery, nonunicondylar, initial

For Blue Care Network 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 apply to different lines of business on different effective dates, based on when the questionnaire associated with the criteria is available in the e-referral system. The criteria are outlined below.

CPT code: *27447

For any indication

The presence of any of the following conditions can cause increase wear of the component or increased risk of component loosening. If any of the following conditions are present, review will be required:

1. Charcot joint OR
2. Heavy physical labor OR
3. Age <50 OR
4. Active infection excluding bacteriuria (absolute contraindication) OR
5. Previous infection (relative contraindication)

Bone tumor by imaging

The presence of a bone tumor identified by imaging and no signs or symptoms of active infection in any location in the body excluding bacteriuria.

Avascular necrosis (osteonecrosis)

ALL of the following must be met:

1. There is avascular necrosis (osteonecrosis) of the tibial plateau or the femoral condyle by imaging.
2. TWO OR MORE of the following symptoms are present:
 - a. Pain at the knee increased with initiation of activity
 - b. Pain at the knee increased with weight bearing
 - c. Pain at the knee interferes with ADLs
 - d. Pain with (active or passive) range of motion
3. TWO OR MORE of the following findings are present:
 - a. Limited (active or passive) range of motion
 - b. Crepitus
 - c. Joint effusion or swelling
4. The patient has no signs or symptoms of active infection in any location in the body excluding bacteriuria.
5. There is EITHER:
 - a. Collapse of the tibial plateau or femoral condyle OR
 - b. Continued symptoms or findings after treatment within the last year with ALL of the following:
 - i. NSAIDs or acetaminophen for at least 3 weeks AND
 - ii. Physician directed home exercise, or PT for at least 12 weeks AND
 - iii. Activity modification for at least 12 weeks

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Nonunion or malunion of articular fracture

Symptomatic nonunion or malunion of fracture by imaging and no signs or symptoms of active infection in any location in the body excluding bacteriuria may be approved.

Osteoarthritis or post-traumatic arthritis

ALL of the following must be met:

1. TWO OR MORE of the following symptoms are present:
 - a. Knee pain interferes with ADLs
 - b. Knee pain increased with weight bearing
 - c. Knee pain increased with initiation of activity
 - d. Knee pain with (active or passive) range of motion
2. TWO OR MORE of the following are present:
 - a. Limited (active or passive) range of motion
 - b. Crepitus
 - c. Joint effusion or swelling
3. The patient has no signs or symptoms of active infection in any location in the body excluding bacteriuria.
4. EITHER of the following are present:
 - a. Bone-on-bone contact OR
 - b. Arthritis by imaging that fails to respond to conservative treatment, as indicated by BOTH of the following:
 - i. TWO OR MORE of the following five imaging findings are present:
 1. Subchondral cysts
 2. Subchondral sclerosis
 3. Periarticular osteophytes
 4. Joint subluxation
 5. Joint space narrowing
 - ii. Continued symptoms or findings after treatment within the last year with ALL of the following:
 1. NSAIDs or acetaminophen for at least 3 weeks AND
 2. Physician-directed home exercise, or OT, or PT for at least 12 weeks AND
 3. Activity modification for at least 12 weeks

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Rheumatoid arthritis

ALL of the following must be met:

1. TWO OR MORE of the following are present:
 - a. Knee pain interferes with ADLs
 - b. Knee pain is increased with initiation of activity
 - c. Knee pain increased with weight bearing
 - d. Knee pain with (active or passive) range of motion
 - e. Pain at night
2. TWO OR MORE of the following findings are present:
 - a. Limited (active or passive) range of motion
 - b. Crepitus
 - c. Joint effusion or swelling
3. TWO OR MORE of the following five imaging findings are present:
 - a. Subchondral cysts
 - b. Marginal erosions
 - c. Periarticular osteophytes
 - d. Joint space narrowing
 - e. Joint subluxation
4. Continued symptoms or findings after treatment within the last year with ALL of the following:
 - a. Disease-specific treatment (that is, with DMARDs, biologics, methotrexate, glucocorticoids) for at least 12 weeks AND
 - b. Physician-directed home exercise or OT or PT for at least 12 weeks AND
 - c. Activity modification for at least 12 weeks
5. The patient has no signs or symptoms of active infection in any location in the body excluding bacteriuria.

References

McKesson's InterQual[®] 2017 Procedures Adult Criteria, Joint Replacement, Knee