

Authorization criteria: Knee replacement surgery, unicondylar, 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: *27446

For the indication of osteoarthritis or avascular necrosis

MUST HAVE:

At least TWO of the following symptoms:

1. Pain in the knee increased with initiation of activity
2. Pain in the knee increased with weight bearing
3. Pain in the knee interferes with ADLs
4. Pain with (active or passive) ROM

AND at least TWO of the following findings on exam:

1. Limited (active or passive) ROM
2. Crepitus
3. Joint effusion or swelling

AND EITHER of the following:

1. At least TWO of the following findings by X-ray of the tibiofemoral compartment:
 - a. Subchondral cysts
 - b. Subchondral sclerosis
 - c. Periarticular osteophytes
 - d. Joint subluxation
 - e. Joint narrowing
2. Avascular necrosis by imaging

AND must have BOTH of the following:

1. Imaging findings of preserved joint space in at least one tibiofemoral compartment
2. Imaging findings of preserved joint space in patellofemoral compartment

AND must have continued symptoms or findings after treatment with ALL of the following:

1. NSAIDS or acetaminophen (unless contraindicated)
2. Physician-directed home exercise or PT for at least 12 weeks
3. Activity modification for at least 12 weeks

References

McKesson's InterQual® 2016 Procedures Adult Criteria, Unicondylar Knee Replacement