



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Authorization criteria: Shoulder replacement surgery procedure, 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: *23470 and *23472

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 (absolute contraindication) OR
5. Previous infection (relative contraindication)

Avascular necrosis (osteonecrosis) of the humeral head

ALL of the following must be met

1. Avascular necrosis is symptomatic AND
2. Avascular necrosis by imaging AND
3. No active infection excluding bacteriuria

Intra-articular fracture by imaging

ALL of the following must be met

1. Humeral head is fractured into more than three parts AND
4. Repair is **not** achievable by open reduction and fixation AND
2. No active infection excluding bacteriuria

Nonunion or malunion of articular fracture

ALL of the following must be met

1. ALL of the following are present:
 - a. Shoulder pain with (active or passive) range of motion AND
 - b. Limited (active or passive) range of motion AND
 - c. Shoulder pain interferes with ADLs AND
 - d. Crepitus with glenohumeral joint rotation AND
 - e. Pain increases with initiation of activity
2. There is nonunion or malunion of EITHER the glenoid or the humeral head
3. No active infection excluding bacteriuria
4. Continued symptoms or findings after treatment within the last year with ALL of the following:
 - a. NSAIDs or acetaminophen for at least 3 weeks AND
 - b. Physician-directed home exercise or OT or PT for at least 6 weeks AND
 - c. Activity modification for at least 6 weeks



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Bone tumor involving the shoulder

ALL of the following must be met

1. Bone tumor by imaging AND
2. No active infection excluding bacteriuria

Osteoarthritis or post-traumatic arthritis

ALL of the following must be met

1. TWO OR MORE of the following three symptoms are present:
 - a. Shoulder pain interferes with ADLs
 - b. Shoulder pain increases with initiation of activity
 - c. Pain with (active or passive) range of motion
2. EITHER of the following are present:
 - a. Limited (active or passive) range of motion OR
 - b. Crepitus with glenohumeral joint rotation
3. No active infection excluding bacteriuria
4. EITHER of the following are present:
 - a. Bone-on-bone contact by imaging, 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
 6. Bony glenoid deformity
 - ii. Continued symptoms or findings after treatment within the last year with EACH 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 6 weeks AND
 3. Activity modification for at least 6 weeks



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Rheumatoid arthritis

ALL of the following must be met

1. AT LEAST TWO of the following are present:
 - a. Shoulder pain interferes with ADLs
 - b. Shoulder pain increases with initiation of activity
 - c. Pain with (active or passive) range of motion
 - d. Pain at night
2. EITHER of the following are present:
 - a. Limited (active or passive) range of motion OR
 - b. Crepitus with glenohumeral joint rotation
3. TWO OR MORE of the following five imaging findings are present:
 - a. Subchondral cysts
 - b. Marginal erosions
 - c. Periarticular osteopenia
 - d. Joint subluxation
 - e. Joint space narrowing
 - f. Bony glenoid deformity
4. Continued symptoms or findings after treatment within the last year with EACH of the following:
 - a. Disease-specific treatment (that is, with DMARDs, biologics, methotrexate, glucocorticoids) for at least 12 weeks AND
 - b. NSAIDs or acetaminophen for at least 12 weeks AND
 - c. Physician-directed home exercise or OT or PT for at least 12 weeks AND
 - d. Activity modification
5. No active infection excluding bacteriuria

References

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