Preview questionnaire:
Revision total hip arthroplasty
For Medicare Plus BlueSM PPO, BCN HMOSM (commercial) and BCN AdvantageSM members
Effective March 17, 2020

Revision total hip arthroplasty

We provide coverage for this procedure for adult members who meet medical necessity criteria.

- For dates of service on or after July 1, 2020, submit authorization requests to TurningPoint Healthcare Solutions, LLC. You can submit authorization requests to TurningPoint starting on June 1, 2020. See the BCN Musculoskeletal Services page for more information.

- For dates of service before July 1, 2020, submit authorization requests through the e-referral system. The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below. If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information.

Authorization is not a guarantee of payment. Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.


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See below for the questions you’ll encounter in the e-referral system.

Q Does the patient have a fractured prosthesis or cement identified by imaging AND NO active infection in any location excluding bacteriuria?
A □ Yes □ No □ N/A

Q Does the patient have a malposition of acetabular or femoral component identified by imaging AND NO active infection in any location excluding bacteriuria?
A □ Yes □ No □ N/A
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<table>
<thead>
<tr>
<th>Q</th>
<th>Possible answers:</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Does the patient have recurrent dislocation identified by imaging AND NO active infection in any location excluding bacteriuria?</td>
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<td>Does the patient have symptomatic loosening of prosthesis or cement identified by imaging AND NO active infection in any location excluding bacteriuria?</td>
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<td>Does the patient have NO active infection in any location excluding bacteriuria AND thigh pain for AT LEAST 6 months that continued after treatment with ALL of the following (A-C)? A. Nonsteroidal anti-inflammatory drugs or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated). B. Physician directed home exercise program or physical therapy for at least 12 weeks. C. Activity modification for at least 12 weeks.</td>
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<td>Does the patient have a sinus tract communicating with the prosthetic joint identified by imaging?</td>
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<td>Does the patient have a prosthetic joint infection identified by positive synovial fluid culture or tissue culture with ANY of the following culture findings (A-D)? A. Staphylococcus aureus. B. Gram negative organism. C. Enterococci. D. Two cultures positive for the same organism.</td>
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Q Does the patient have signs and symptoms of infection as indicated by ANY of the following (A-D)? A. Joint pain. B. Erythema. C. Drainage at the joint on physical exam. D. Swelling at the joint by physical exam.
A
Possible answers: ☐ Yes ☐ No ☐ N/A

Q Does the patient have TWO OR MORE of the following findings? A. Temperature of at least 100.4°F (38.0°C). B. Synovial WBC or neutrophil percentage greater than normal. C. ESR greater than 30 mm/hr. D. C-reactive protein greater than normal.
A
Possible answers: ☐ Yes ☐ No ☐ N/A

Q Does the patient have EITHER a joint infection WITHIN the immediate postoperative period of 4 weeks from total joint replacement OR NEW joint symptoms and findings AFTER the immediate postoperative period that have been present for more than 3 weeks?
A
Possible answers: ☐ Yes ☐ No ☐ N/A

Q Does the patient have EITHER loosening of the prosthesis or cement by imaging OR continued symptoms or findings after BOTH IV anti-infectives for at least 4 weeks AND joint lavage drainage?
A
Possible answers: ☐ Yes ☐ No ☐ N/A