

# Preview questionnaire: Knee arthroplasty for adults, total, revision

For BCN HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup> members  
For Blue Cross Medicare Plus Blue<sup>SM</sup> PPO members

## Knee arthroplasty for adults, total, revision

Services must meet medical necessity criteria. Submit prior 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 the plan cannot authorize it, the plan will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

**Applicable procedure codes:** \*27486, \*27487, \*27488

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- 1.\*The Revision Total Knee Arthroplasty Questionnaire is required [Questionnaire Assessment](#).
- 2.Please attach any clinical information you would like BCBSM to consider for this request from the patients medical record up in the Case Communication field.

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

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

### Revision Total Knee Arthroplasty

*Answering the question(s) below will provide additional information needed to process your request.*

**Q** Does the patient have a fractured prosthesis or cement identified by imaging AND NO active infection in any location?

**A**  Possible answers:  Yes  No  NA

**Q** Does the patient have a malposition of tibial or femoral component identified by imaging AND NO active infection in any location?

**A**  Possible answers:  Yes  No  NA

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**See below for the questions you'll encounter in the e-referral system. (continued)**

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

<p><b>Q</b> Does the patient have recurrent dislocation identified by imaging AND NO active infection in any location?</p> <p><b>A</b> <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
<p><b>Q</b> Does the patient have symptomatic loosening of prosthesis or cement identified by imaging AND NO active infection in any location?</p> <p><b>A</b> <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
<p><b>Q</b> Does the patient have a worn or dislocated plastic insert identified by imaging AND NO active infection in any location?</p> <p><b>A</b> <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
<p><b>Q</b> Does the patient have a sinus tract communicating with prosthetic joint identified by imaging?</p> <p><b>A</b> <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
<p><b>Q</b> Does the patient have a prosthetic joint infection verified by positive synovial fluid culture or tissue culture with ANY of the following culture findings? Staphylococcus aureus. Gram negative organism. Enterococci. Two cultures positive for the same organism.</p> <p><b>A</b> <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>

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**See below for the questions you'll encounter in the e-referral system. (continued)**

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

**Q** Does the patient have signs and symptoms of infection as indicated by ANY of the following? Joint pain. Erythema. Drainage at the joint on physical exam. Swelling at the joint by physical exam.

**A**  Possible answers:  Yes  No  NA

**Q** Does the patient have TWO OR MORE of the following findings? Temperature of at least 100.4 F (38.0 C). Synovial WBC or neutrophil percentage greater than normal. ESR greater than 30 mm/hr. C-reactive protein greater than normal.

**A**  Possible answers:  Yes  No  NA

**Q** Does the patient have EITHER a joint infection WITHIN the immediate post-operative period of 4 weeks from total joint replacement? OR NEW joint symptoms and findings AFTER the immediate post-operative period that are greater than 3 weeks in duration?

**A**  Possible answers:  Yes  No  NA

**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  NA