Blue Cross Blue Shield Blue Care Network of Michigan

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

Preview questionnaire: Knee replacement surgery, nonunicondylar, initial

For Blue Care Network HMO℠ (commercial) and BCN Advantage℠ members

For Blue Cross Medicare Plus Blue℠ PPO members

Effective Oct. 28, 2018

Knee replacement surgery, nonunicondylar, initial

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: *27447

1.*The Joint Replacement (Knee) 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.

Joint Replacement (Knee)

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

Q Does the patient have a BONE TUMOR of the knee that was identified by imaging?

A [ ]

Possible answers: ☐ Yes ☐ No ☐ No imaging performed ☐ NA

Q Does the patient have EITHER a NONUNION OR MALUNION FRACTURE of the knee (where the bone fails to heal after an extended recovery period or heals in an abnormal position) IDENTIFIED BY IMAGING AND is symptomatic (for example, pain that interferes with activities of daily living, pain with active or passive range of motion, limited range of motion of the knee)?

A [ ]

Possible answers: ☐ Yes ☐ No ☐ No imaging performed ☐ 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.

Q Does the patient have AVASCULAR NECROSIS AND TWO OR MORE of the following symptoms? 1. Knee pain that interferes with activities of daily living (for example, eating, bathing, dressing, toileting, walking). 2. Knee pain that increases with weight bearing. 3. Knee pain that increases with initiation of activity. 4. Knee pain with range of motion (active or passive).

A [ ] Possible answers: ☐ Yes ☐ No ☐ NA

Q Does the patient have AVASCULAR NECROSIS AND TWO OR MORE of the following findings? 1. Limited range of motion (active or passive) of the knee. 2. Crepitus (grating sensation that is heard or felt) with movement of the knee joint. 3. Increased fluid in the joint space OR swelling of the joint.

A [ ] Possible answers: ☐ Yes ☐ No ☐ NA

Q Does the patient have OSTEOARTHRITIS or POST TRAUMATIC ARTHRITIS AND AT LEAST TWO of the following symptoms from 1 thru 4? 1. Knee pain that interferes with activities of daily living (for example, eating, bathing, dressing, toileting, walking). 2. Knee pain that increases with weight bearing. 3. Knee pain that increases with initiation of activity. 4. Knee pain with range of motion (active or passive).

A [ ] Possible answers: ☐ Yes ☐ No ☐ NA

Q Does the patient have OSTEOARTHRITIS or POST TRAUMATIC ARTHRITIS AND AT LEAST TWO of the following findings from 1 thru 3: 1. Limited range of motion (active or passive) of the knee. 2. Crepitus (grating sensation that is heard or felt) with movement of the knee joint. 3. Increased fluid in the joint space OR swelling of the joint?

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.

Q Does the patient have RHEUMATOID ARTHRITIS AND TWO OR MORE of the following (ALL 1 thru 5): 1. Knee pain that interferes with activities of daily living (for example, eating, bathing, dressing, toileting, walking). 2. Knee pain that increases with weight bearing. 3. Knee pain that increases with initiation of activity. 4. Knee pain with range of motion (active or passive) 5. Pain at night?

A [ ] Possible answers: ☐ Yes ☐ No ☐ NA

Q Does the patient have RHEUMATOID ARTHRITIS AND TWO OR MORE of the following (ALL 1 thru 3): 1. Limited range of motion (active or passive) of the knee. 2. Crepitus (grating sensation that is heard or felt) with movement of the knee joint. 3. Increased fluid in the joint space OR swelling of the joint?

A [ ] Possible answers: ☐ Yes ☐ No ☐ NA

Q What are the imaging findings: A. Avascular necrosis / osteonecrosis of the tibial plateau OR the femoral condyle WITHOUT collapse of the bone tissue of EITHER the tibial plateau or femoral condyle. B. Avascular necrosis / osteonecrosis of the tibial plateau OR the femoral condyle WITH COLLAPSE of the bone tissue of EITHER the tibial plateau or femoral condyle. C. OSTEOARTHRITIS / POST TRAUMATIC ARTHRITIS WITH bone-on-bone contact D. OSTEOARTHRITIS / POST TRAUMATIC ARTHRITIS or RHEUMATOID ARTHRITIS WITH AT LEAST TWO of the following: subchondral cysts, subchondral sclerosis, periarticular osteophytes, joint subluxation, joint space narrowing

A [ ] Possible answers:
- A
- B
- C
- D
- Other findings
- No Imaging performed
- N/A

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

Q Does the patient have ALL of the following (all 1 thru 4): 1. Condition of either avascular necrosis, osteoarthritis or post traumatic arthritis. 2. Continued symptoms or findings after treatment within the last year with NSAID (non-steroidal anti-inflammatory drugs) for at least 3 weeks (unless contraindicated/not tolerated). 3. Continued symptoms or findings after treatment within the last year with physician directed home exercise OR occupational therapy or physical therapy for at least 12 weeks. 4. Continued symptoms or findings after treatment within the last year with activity modification for at least 12 weeks? A [ ] Possible answers: ☐ Yes ☐ No ☐ NA
Q Does the patient have RHEUMATOID ARTHRITIS AND continued symptoms / findings after treatment within the last year with EACH of the following FOR AT LEAST 12 weeks (all 1 thru 3): 1 Disease-specific treatment for rheumatoid arthritis (such as disease modifying antirheumatic drugs with or without methotrexate OR oral steroids. 2. Physician-directed home exercise OR occupational therapy or physical therapy. 3. Activity modification? A [ ] Possible answers: ☐ Yes ☐ No ☐ NA
Q Is the patient free of signs or symptoms of active infection in any location in the body excluding bacteriuria? A [ ] Possible answers: ☐ Yes ☐ No ☐ NA