

# Preview questionnaire: Knee replacement surgery, unicondylar, initial

For Blue Care Network HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup> members

For Blue Cross Medicare Plus Blue<sup>SM</sup> PPO members

Effective Oct. 28, 2018

## Knee replacement surgery, unicondylar, 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:** \*27446

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- 1.\*The Joint Replacement (Knee) Unicondylar 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.

**Q** Is the indication for this surgery osteoarthritis or avascular necrosis AND the member has NO signs or symptoms of active infection in any location in the body excluding bacteriuria?

**A**

Possible answers:  Yes  No  NA

**Q** Does the patient have TWO or more of the following symptoms: knee pain that increases with initiation of activity; knee pain that increases with weight bearing; knee pain that interferes with activities of daily living (for example, eating, bathing, dressing, toileting, walking); knee pain with range of motion (active or passive)?

**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 AT LEAST TWO of the following: limited range of motion (active or passive) of the knee; crepitus (grating sensation that is heard or felt) with movement of the knee joint; either increased fluid in the joint space or swelling of the joint?

**A**  Possible answers:  Yes  No  NA

**Q** Does the patient have EITHER avascular necrosis identified by imaging OR AT LEAST TWO of the following imaging findings of arthritis at the knee: subchondral cysts, subchondral sclerosis, periarticular osteophytes (bone spurs), joint subluxation, joint space narrowing?

**A**  Possible answers:  Yes  No  No imaging performed  NA

**Q** Does the patient have BOTH of the following imaging findings: 1. Preserved joint space of AT LEAST one tibiofemoral compartment. 2. Preserved joint space in patellofemoral compartment?

**A**  Possible answers:  Yes  No  No imaging performed  NA

**Q** Does the patient have 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)?

**A**  Possible answers:  Yes  No  NA

**Q** Does the patient have continued symptoms or findings after treatment within the last year with EITHER home exercise or occupational therapy or physical therapy for at least 12 weeks?

**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 continued symptoms or findings after treatment within the last year with activity modification for at least 12 weeks?

**A**

Possible answers:  Yes  No  NA