Joint replacement (knee) unicompartmental

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

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

- **For dates of service before June 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.

Applicable procedure codes: *27446

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

**Q** Is the indication for this surgery osteoarthritis, post-traumatic arthritis 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 □ N/A

**Q** Does the patient have TWO or more of the following symptoms (A-D)?
A. Knee pain that increases with initiation of activity
B. Knee pain that increases with weight bearing
C. Knee pain that interferes with activities of daily living (for example, eating, bathing, dressing, toileting, walking)
D. Knee pain with range of motion (active or passive)

**A** Possible answers: □ Yes □ No □ N/A
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For Medicare Plus Blue℠ PPO, BCN HMO℠ (commercial) and BCN Advantage℠ members

Effective Dec. 8, 2019

- **Q** Does the patient have AT LEAST TWO of the following (A-C)? A. Limited range of motion (active or passive) of the knee B. Crepitus (grating sensation that is heard or felt) with movement of the knee joint C. Either increased fluid in the joint space or swelling of the joint
  - **A** Possible answers: □ Yes □ No □ N/A

- **Q** Does the patient have EITHER (A-B)? A. Avascular necrosis identified by imaging OR B. 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 □ N/A

- **Q** Does the patient have BOTH of the following imaging findings (A-B)? A. Preserved joint space of AT LEAST one tibiofemoral compartment B. Preserved joint space in patellofemoral compartment
  - **A** Possible answers: □ Yes □ No □ No imaging performed □ N/A

- **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 □ N/A

- **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 □ N/A

- **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 □ N/A