

Preview questionnaire: Shoulder replacement surgery, initial

For Blue Care Network HMOSM (commercial) and BCN AdvantageSM members
For Blue Cross Medicare Plus BlueSM PPO members

Effective May 13, 2018

Shoulder replacement surgery, 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: *23470 and *23472

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2017 American Medical Association. All rights reserved.

- 1.*The Joint Replacement (Shoulder) 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 (Shoulder)

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

Q Does the patient have AVASCULAR NECROSIS identified by imaging AND symptoms such as pain, loss of range of motion of the shoulder, weakness or stiffness?

A

Possible answers: Yes No No imaging performed NA

Q Does the patient have an INTRA-ARTICULAR FRACTURE OF THE SHOULDER WITH the humeral head being fractured into MORE THAN two parts AND is the repair of the humeral head NOT able to be achieved by an open reduction and fixation (ORIF)?

A

Possible answers: Yes No NA

Preview questionnaire: Shoulder replacement surgery, initial

For Blue Care Network HMOSM (commercial) and BCN AdvantageSM members
For Blue Cross Medicare Plus BlueSM PPO members

Effective May 13, 2018

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 a BONE TUMOR of the shoulder that was identified by imaging?

A Possible answers: Yes No No imaging performed NA

Q Does the patient have ALL of the following (all 1 thru 5)? 1. Imaging confirms a nonunion or malunion fracture of either the glenoid or the humeral head. 2. Shoulder pain that interferes with activities of daily living (for example, eating, bathing, dressing, toileting, walking). 3. Shoulder pain with either active or passive range of motion of the shoulder. 4. Limited range of motion (active or passive) of the shoulder. 5. Crepitus with rotation of the shoulder joint.

A Possible answers: Yes No NA

Q Does the patient have AT LEAST TWO of the following (two of 1 thru 4)? 1. Diagnosis of osteoarthritis. 2. Shoulder pain that interferes with activities of daily living (for example, eating, bathing, dressing, toileting, walking). 3. Shoulder pain that increases with initiation of activity. 4. Shoulder pain with either active or passive range of motion of the shoulder.

A Possible answers: Yes No NA

Q Does the patient have OSTEOARTHRITIS or posttraumatic arthritis and EITHER limited range of motion (active or passive) of the shoulder OR Crepitus with rotation of the shoulder joint?

A Possible answers: Yes No NA

Preview questionnaire: Shoulder replacement surgery, initial

For Blue Care Network HMOSM (commercial) and BCN AdvantageSM members
For Blue Cross Medicare Plus BlueSM PPO members

Effective May 13, 2018

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 OSTEoarthritis or posttraumatic arthritis and bone-on-bone contact identified by imaging?

A Possible answers: Yes No No imaging performed NA

Q Does the patient have OSTEoarthritis or posttraumatic arthritis and AT LEAST TWO of the following imaging findings: Subchondral cysts, subchondral sclerosis, bone spurs, joint subluxation, joint space narrowing, bony glenoid deformity?

A Possible answers: Yes No No imaging performed NA

Q Does the patient have AT LEAST TWO of the following (all 1 thru 5): 1. Diagnosis of rheumatoid arthritis. 2. Shoulder pain that interferes with activities of daily living (for example, eating, bathing, dressing, toileting, walking). 3. Shoulder pain that increases with initiation of activity. 4. Shoulder 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 AT LEAST TWO of the following imaging findings: 1. Subchondral cysts. 2. Marginal erosions. 3. Periarticular osteopenia. 4. Joint space narrowing. 5. Subluxation (dislocation) of the joint. 6. Bony glenoid deformity?

A Possible answers: Yes No Other findings No imaging performed NA

Preview questionnaire: Shoulder replacement surgery, initial

For Blue Care Network HMOSM (commercial) and BCN AdvantageSM members
For Blue Cross Medicare Plus BlueSM PPO members

Effective May 13, 2018

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 Did the patient have a shoulder condition NOT related to RHEUMATOID ARTHRITIS AND ALL of the following treatment within the last year (all 1 thru 3): 1. NSAID (non-steroidal anti-inflammatory drugs) FOR AT LEAST 3 weeks (unless contraindicated/not tolerated). 2. Physician directed home exercise OR occupational therapy or physical therapy FOR AT LEAST 6 weeks. 3. Activity modification FOR AT LEAST 6 weeks?

A Possible answers: Yes No NA

Q Does the patient have RHEUMATOID ARTHRITIS affecting the shoulder AND continued symptoms or findings after treatment FOR AT LEAST 12 weeks within the last year with ALL of the following (all 1 thru 4): 1. Medications for rheumatoid arthritis such as disease modifying antirheumatic drugs, methotrexate, or oral steroids. 2. NSAID (non-steroidal anti-inflammatory drugs) (unless contraindicated/not tolerated). 3. Physician directed home exercise OR occupational therapy or physical therapy. 4. Activity modification?

A Possible answers: Yes No NA