

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

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- 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 three 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

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 6): 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. 6. Pain increases with initiation of activity?

A

Possible answers: Yes No NA

Q Does the patient have OSTEOARTHRITIS or posttraumatic arthritis AT LEAST TWO of the following (two of 1 thru 3): 1. Shoulder pain that interferes with activities of daily living (for example, eating, bathing, dressing, toileting, walking). 2. Shoulder pain that increases with initiation of activity. 3. 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, rheumatoid arthritis 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

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>Q Does the patient have OSTEOARTHRITIS or posttraumatic arthritis and bone-on-bone contact identified by imaging?</p> <p>A <input type="text"/></p>	<p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No imaging performed <input type="checkbox"/> NA</p>
<p>Q Does the patient have osteoarthritis, rheumatoid arthritis 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?</p> <p>A <input type="text"/></p>	<p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No imaging performed <input type="checkbox"/> NA</p>
<p>Q Does the patient have RHEUMATOID ARTHRITIS and AT LEAST TWO of the following (all 1 thru 4): 1. Shoulder pain that interferes with activities of daily living (for example, eating, bathing, dressing, toileting, walking). 2. Shoulder pain that increases with initiation of activity. 3. Shoulder pain with range of motion (active or passive). 4. Pain at night?</p> <p>A <input type="text"/></p>	<p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
<p>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?</p> <p>A <input type="text"/></p>	<p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>

Effective Nov. 11, 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 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

Q Does the patient have an active infection in any location in the body excluding bacteriuria?

A Possible answers: Yes No