BCN e-referral Preview Questionnaire:
Knee joint replacement (unicondylar) surgery
Effective Oct. 3, 2016

Knee joint replacement (unicondylar) surgery

Blue Care Network provides coverage for knee joint replacement (unicondylar) surgery for adult members who 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 BCN cannot authorize it, BCN 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 knee joint replacement (unicondylar) surgery codes:
*27446
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See below for the questions you'll encounter for knee joint replacement (unicondylar) surgery in BCN's e-referral system.

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

Joint Replacement (Knee) Unicondylar

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

Is the indication for this surgery osteoarthritis?

A

Possible answers: □ Yes □ No □ NA

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 for knee joint replacement (unicondylar) surgery in BCN’s e-referral system. (continued)

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

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

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 □ Yes □ No □ NA

Q Does the patient have AT LEAST TWO of the following imaging findings of the knee: subchondral cysts, subchondral sclerosis, periarticular osteophytes (bone spurs), joint subluxation, joint space narrowing?
A □ Yes □ No □ No imaging performed □ NA

Q Does the patient have preserved joint space of AT LEAST one tibiofemoral compartment identified by x-ray?
A □ Yes □ No □ No imaging performed □ NA

Q Does the patient have continued symptoms or findings after treatment with NSAID (non-steroidal anti-inflammatory drugs) for at least 3 weeks (unless contraindicated/not tolerated)?
A □ Yes □ No □ NA

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See below for the questions you'll encounter for knee joint replacement (unicondylar) surgery in BCN's e-referral system. (continued)

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
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<tbody>
<tr>
<td>Does the patient have continued symptoms or findings after treatment with EITHER home exercise or occupational therapy or physical therapy for at least 12 weeks?</td>
<td>Yes, No, NA</td>
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<tr>
<td>Does the patient have continued symptoms or findings after treatment with activity modification for at least 12 weeks?</td>
<td>Yes, No, NA</td>
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