

This guide should be utilized as a resource tool to use when submitting clinical information for authorization requests. It is meant to help improve the prior authorization process.

Diagnosis/Procedure/Anesthesia/Facility/Implant Information

- + Primary Diagnosis Code(s)
- + CPT/HCPCS code(s) and modifier and units when applicable
- + Anesthesia – general, MAC, regional (specify type), local, other
- + Site of Service – inpatient hospital, outpatient hospital, ambulatory surgery center, office
- + Implants – Global Industry Classification (GIC) and/or manufacturer and description

Specific Information Related to Requested Procedure

- + **Indicate the following:**
 - Index surgery
 - Revision surgery
 - Staged surgery

- + **Signs/Symptoms:**
 - Indicate symptom, problem, condition, diagnosis or other factor that is the reason for the joint surgery procedure
 - Indicate the most recent reported level of pain using the Visual Analog Scale (VAS)
 - Indicate the duration of pain
 - Indicate a description of the symptom(s) including location, quality, severity, timing, context, modifying factors, locking/instability of the joint, mechanical block to joint extension/flexion and any associated signs/symptoms
 - Indicate if the pain is severe, disabling and substantively interferes with the patient's ability to carry out age-appropriate activities of daily living and/or demands of employment, and if so, the duration of disability in months

- + **Physical Exam should include:**
 - Body Mass Index (BMI) calculated by actual measurement of the patient's height/weight not as stated by the patient
 - Active/passive joint range of motion and any fixed joint deformities
 - Location of pain to palpation
 - Evidence of a joint effusion
 - Results of provocative testing

- Detailed neurological and vascular examination of the affected extremity
- Any other substantive/relevant physical examination findings
- + **Past Medical and/or Surgical History:**
 - Prior major illnesses and injuries
 - Prior relevant musculoskeletal surgical procedures
 - Prior surgical complications
 - Prior hospitalizations
 - Current medications
 - Any other pertinent past medical and/or surgical history
- + **Treatment Since the onset of joint/extremity pain:**
 - Length of time the patient has continually participated in a physician-directed physical therapy or home exercise program
 - Medications prescribed for the pain condition and duration of use
 - Indicate type(s) and duration of non-surgical care
 - Indicate response to pain resulting from a recent course of **physician-directed conservative treatment using the Visual Analog Scale**: Unknown, no decrease in pain, 1 point decrease in pain, 2 point decrease in pain, or 3+ point decrease in pain
 - Indicate date(s) and response(s) to pain following the prior named **surgical procedure(s) using the Visual Analog Scale**: Unknown, no decrease in pain, 1 point decrease in pain, 2 point decrease in pain, or 3+ point decrease in pain
- + **Results and Date of Prior Imaging:**
 - Congenital/acquired/post-traumatic joint/bone deformities
 - Kellgren-Lawrence grade of osteoarthritis identified on recent weight-bearing radiographs
 - Modified Outerbridge Classification of articular cartilage injury identified on MRI Outerbridge Classification of articular cartilage injury identified on arthroscopy
 - The radiologists' interpretation of any advanced diagnostic studies
 - Any pertinent results of low-tech or hi-tech diagnostic imaging studies
- + **Co-management:**
 - Current management of comorbid medical and behavioral health issues and how these conditions are being medically optimized prior to surgery
 - Use and/or abuse of controlled substances—especially opiates



Joint Surgery Policy Reference Guide



Disclaimer: Supplying the information listed on this tool does not guarantee approval of the requested procedure(s). All prior authorization requests are reviewed for medical necessity based upon evidence-based medical policies.