

Tips to Improve Joint Surgery Documentation Efficiency

These tips are provided to support providers in submitting complete and accurate prior authorization requests for joint surgery procedures. Improved documentation reduces administrative burden and prevents avoidable overturns.

Conservative Treatment Documentation

- Include dates and duration of physician-directed conservative care (≥ 3 months).
- Indicate the member's response to conservative treatment (improved, worsened, unchanged).
- Document exceptions clearly (e.g., locked knee, high-demand ACL athlete).

Imaging Requirements

- Attach recent imaging that matches the correct joint and side.
- For osteoarthritis: include weight-bearing X-rays with Kellgren Lawrence (KL) grade or specific x-ray findings (amount of joint space narrowing, osteophyte presence, sclerosis presence, etc.).
- For arthroscopy/ACL procedures: include MRI reports with findings correlating to the requested procedure.
- If provider interpretation differs from radiologist interpretation, include a brief explanation.

Physical Exam and Symptom Documentation

- Provide specific exam findings.
- For meniscal procedures: ≥ 2 documented positive meniscal tests with detail.
- For ACL cases: graded Lachman, pivot-shift, and instability symptoms.
- Include functional limitations impacting ADLs and ambulatory distance/duration (ambulatory distance and duration of that limitation is especially important for knee and hip replacement).

Pathway Response Accuracy

- Answer all pathway questions completely and accurately; avoid marking responses as "Unknown" when documentation exists.
- Ensure pathway responses are consistent with uploaded records.

Rule Out Other Sources of Pain

- Document evaluation of potential contributing sources (e.g., hip, spine, neurologic causes).
- Ensure pathway answers reflect that appropriate rule outs were completed.

Documentation Quality Check

- Verify correct laterality (right vs. left).
- Submit all pertinent clinical records at initial submission.
- Ensure requested CPT codes match planned procedures (e.g., add 29888 when ACL reconstruction is planned).

Quick Checklist for a Complete Submission

- Diagnosis and all requested CPT codes.
- Weight-bearing X-rays with KL grade OR MRI with correlating pathology.
- Three months of conservative care with dates and modality details.
- Procedure specific physical exam findings.
- Functional limitations and ADL impact.
- Documentation ruling out other causes of pain.
- Completed, accurate pathway responses.

Key Takeaway

Most overturns are preventable. Providing clear conservative care timelines, imaging severity, and procedure-specific exam details significantly increases the likelihood of timely approval.