	POLICIES AND PROCEDURES
Policy #: 404-1733	Lead Department: Utilization Management
Title: Total Joint Replacements	
Original Date: 09/24/2018	Policy Hub Approval Date: 12/02/2019
Approved by: Utilization Management Work Group (UMWG)	

Purpose: To describe the guidelines of Central California Alliance for Health (the Alliance) for authorizing arthroplasty, also known as joint replacement surgery.

Policy: The Alliance will authorize joint arthroplasty when it is medically necessary, per Alliance policy and medical necessity guidelines.

Definitions:

Arthrodesis: Surgical fusion of a damaged joint without replacement or repair of joint surfaces.

Arthroplasty: Surgical reconstruction or replacement of a joint.


Hemi-arthroplasty: A surgical procedure in which the head of the femur (ball) is replaced, with the acetabulum (socket) is left intact.

Total Ankle Replacement: Surgical replacement of the damaged articular surfaces of the ankle joint with prosthetic components.

Total Hip Arthroplasty (THA) or Total Hip Replacement (THR): A surgical procedure whereby the diseased articular surfaces of the ball-and-socket joint of the hip are replaced by synthetic materials. Generally indicated, in selected cases, to treat osteoarthritis (most commonly), inflammatory arthritis, developmental dysplasia, childhood hip disorders, trauma, neoplasm, and osteonecrosis.

Total Knee Arthroplasty (TKA) or Total Knee Replacement (TKR): A surgical procedure consisting of resection of the diseased articular surfaces of the knee, followed by resurfacing with metal and polyethylene prosthetic components. Generally indicated for the destruction of cartilage from osteoarthritis, rheumatoid arthritis/inflammatory arthritis, post-traumatic degenerative joint disease, or osteonecrosis/joint collapse with cartilage destruction.


Total Shoulder Arthroplasty (TSA) or Total Shoulder Replacement (TSR): A surgical procedure whereby the diseased articular surfaces of the ball-and-socket joint of the shoulder are replaced by synthetic materials.

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Procedures:

All authorization requests submitted for arthroplasty will require documentation of the following:

1. Presence of disabling pain OR functional disability
2. Optimal medical management has been tried and failed OR documentation of contraindications to further medical management is provided:
 - a. Failed conservative interventions including all the following:
 - i. Physical Therapy
 - ii. Intra-articular injections of steroids or viscosupplementation agents
 - iii. Weight reduction as appropriate
 - iv. Anti-inflammatory or analgesic agents
 - v. Use of assistive devices such as: brace, cane, crutches, or walker
3. Radiographic imaging (read by a radiologist) showing:
 - a. Positive findings of joint disease such as: joint destruction, angular deformity, or severe narrowing, osteonecrosis, degeneration, relevant tumor
 - b. Failure of previous implant
4. Failed invasive interventions including any of the following:
 - a. arthroscopy with or without debridement
 - b. osteotomy
 - c. internal fixation of fracture
 - d. prior arthroplasty
 - e. recalled implant or implant component
 - f. OR documentation of contraindications to further medical management is provided
5. Additional rationale for surgical interventions:
 - a. Posttraumatic joint destruction, if present, including clinically relevant fractures
 - b. Need for limb salvage, if applicable
 - c. Congenital deformity, if present
 - d. Hemophilic arthropathy, if present
 - e. Developmental dysplasia of hip, if present
 - f. Need for revision of arthrodesis, if applicable

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6. The Alliance uses standards set by Medi-Cal, when available, to determine medical necessity of the procedure for arthroplasty. When Medi-Cal medical necessity criteria are not available, then other evidence-based criteria, such as Milliman Care Guidelines (MCG), are used to determine medical necessity of the surgical procedure.
7. Hospital Bed days will be reviewed and approved based on the regional standards of care for the specific surgery type and remain within the goal length of stay unless documentation can specify need for prior authorization of additional bed days.

References:

Alliance Policies:

404-1112 – Medical Necessity-The Definition and Application of Medical Necessity Provision to Authorization Requests

Impacted Departments:

Member Services

Provider Services

Quality Improvement

Regulatory:

Legislative:

Contractual:

MMCD Policy Letter:

NCQA:

Supersedes:

Other References:

American Academy of Orthopaedic Surgeons/Guidelines

MCG Care Guidelines

UpToDate


Attachments:

Lines of Business This Policy Applies To

- ☒ Medi-Cal
- ☒ Alliance Care IHSS

LOB Effective Dates

(01/01/1996 – present)
(07/01/2005 – present)

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Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
11/19/2019	11/19/2019	Tammy Brass, RN UM Manager-Prior Auth	UMWG