Medical Necessity Guidelines:
Total Joint Replacement, Removal/Replacement/Revision

Effective: October 8, 2014


Applies to:
- Tufts Health Plan Commercial Plans; Fax: 617-972-9409
- Tufts Health Plan – Network Health Commercial Plans; Fax: 888-415-9055
- Tufts Health Plan – Network Health Medicaid Plans; Fax: 888-415-9055

To obtain InterQual® SmartSheets™:
- **Tufts Health Plan Commercial Plans**: If you are a registered Tufts Health Plan provider [click here] to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888-884-2404.
- **Tufts Health Plan – Network Health Commercial Plans and Tufts Health Plan – Network Health Medicaid Plans**: InterQual® SmartSheet(s)™ available as part of the prior authorization process.

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Tufts Health Plan requires prior authorization for certain elective joint replacement, removal or revision procedures for Members 18 years of age and older. Please note the information in the ‘Tufts Health Plan Modification to InterQual®’ section below.

In order to obtain prior authorization for procedure(s), choose appropriate InterQual® SmartSheet(s)™ listed below. The completed SmartSheet(s)™ must be sent to the applicable fax number listed above, according to Plan.

**Hip:**
- Total Joint Replacement (TJR), Hip
- Removal and Replacement, Total Joint Replacement (TJR), Hip

**Knee:**
- Total Joint Replacement (TJR), Knee
- Removal and Replacement, Total Joint Replacement (TJR), Knee

**Shoulder:**
- Total Joint Replacement (TJR), Shoulder
- Removal and Replacement, Total Joint Replacement (TJR), Shoulder

NOTE: Please refer to the Medical Necessity Guidelines for these additional total joint replacement procedures:
- Total Joint Replacement, Reverse Shoulder
- Total Joint Replacement, Ankle

**TUFTS HEALTH PLAN MODIFICATION TO INTERQUAL®**
- Criterion section 70.2(C) of the InterQual® SmartSheet™ Removal and Replacement, Total Joint Replacement (TJR), Hip; External joint support is not required for criteria to be met.
- Criterion section 30.3(A) of the InterQual® SmartSheet™ Removal and Replacement, Total Joint Replacement (TJR), Knee; Antibiotics are not required for criteria to be met.

**CODES**

**PROCEDURES REQUIRING PRIOR AUTHORIZATION:**
Tufts Health Plan will be using InterQual® SmartSheet(s)™ for the following procedure code(s) only.

**TOTAL JOINT REPLACEMENT (TJR), HIP**
The following CPT code(s) require prior authorization:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>27130</td>
<td>Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft</td>
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</table>
### Medical Necessity Guidelines: Total Joint Replacement, Removal/Replacement/Revision

#### Code | Description
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27132 | Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft

**REMOVAL AND REPLACEMENT, TOTAL JOINT REPLACEMENT (TJR), HIP**

The following CPT code(s) require prior authorization:

#### Code | Description
--- | ---
27134 | Revision of total hip arthroplasty; both components, with or without autograft or allograft;
27137 | Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138 | Revision of total hip arthroplasty; femoral component only, with or without allograft

**TOTAL JOINT REPLACEMENT (TJR), KNEE**

The following CPT code(s) require prior authorization:

#### Code | Description
--- | ---
27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

**REMOVAL AND REPLACEMENT, TOTAL JOINT REPLACEMENT (TJR), KNEE**

The following CPT code(s) require prior authorization:

#### Code | Description
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27486 | Revision of total knee arthroplasty, with or without allograft; one component
27487 | Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component

**Note:** For the following CPT code(s) use the InterQual® SmartSheet™ for Removal and Replacement, Total Joint Replacement (TJR) Knee

#### Code | Description
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27488 | Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee

**TOTAL JOINT REPLACEMENT (TJR), SHOULDER**

The following CPT code(s) require prior authorization:

#### Code | Description
--- | ---
23470 | Arthroplasty, glenohumeral joint; hemiarthroplasty
23472 | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))

**Note:** For the following CPT code(s) use the InterQual® SmartSheet™ for Total Joint Replacement (TJR) Shoulder

#### Code | Description
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23333 | Removal of foreign body, shoulder; deep (subfascial or intramuscular)

**REMOVAL AND REPLACEMENT, TOTAL JOINT REPLACEMENT (TJR), SHOULDER**

The following CPT code(s) require prior authorization:

#### Code | Description
--- | ---
23473 | Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
23474 | Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component

**APPROVAL HISTORY**

June 6, 2009: Reviewed by the Medical Affairs Medical Policy Committee for January 1, 2010 effective date.

Subsequent endorsement date(s) and changes made:
- April 2010: New Organizational Policy Note added under Joint Removal-Replacement, Knee IV AB at point 620 on InterQual®SmartSheet™.
- April 2011: Reviewed by Medical Specialty Policy Advisory Committee (MSPAC), no changes.
- September 12, 2012: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC), and renewed without changes.
- January 1, 2013: Coding updated and formatting changed.
- October 8, 2014: Reviewed by IMPAC, renewed without changes
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January 1, 2015: Instructions for Tufts Health Plan – Network Health products included in this document.

April 1, 2015: Criterion section 70.2(C) of the InterQual® SmartSheet™ Removal and Replacement, Total Joint Replacement (TJR), Hip; External joint support is not required for criteria to be met. Criterion section 30.3(A) of the InterQual® SmartSheet™ Removal and Replacement, Total Joint Replacement (TJR), Knee; Antibiotics are not required for criteria to be met. Refer to ‘Tufts Health Plan Modification to InterQual®’ section of this document.

**BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION**

Medical Necessity Guidelines are developed to determine coverage for Tufts Health Plan benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. Tufts Health Plan makes coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member’s health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the Tufts Health Plan service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Tufts Health Plan revises and updates Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

Medical Necessity Guidelines apply to all fully insured Commercial and Medicaid Tufts Health Plan products unless otherwise noted in this guideline or the Member’s benefit document. This guideline does not apply to Tufts Health Plan Medicare Preferred, Tufts Health Plan Senior Care Options or Tufts Health Unify or to certain delegated service arrangements. For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern. Applicable state or federal mandates or other requirements will take precedence. Providers in the New Hampshire service area are subject to Cigna’s provider agreements with respect to CareLinkSM Members.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.