

TOTAL HIP REPLACEMENT

Preauthorization Documentation Requirements

HISTORY: Must include **ALL** listed below

Must document all conservative treatment including what, how long and results OR explanation of why conservative treatment was not tried

- 1) Well-controlled medical conditions/co-morbidities and no active infection
- 2) Trial of medication – why did it fail – was it contraindicated
- 3) Level of pain
 - a. Onset and Duration of symptoms
 - b. Location and severity of pain
 - c. Is it worsening?
 - d. Increased with weight bearing?
 - e. Interferes with ADLs and/or activities, walking distance, driving, steps
- 4) Failure of injections, conservative care
- 5) Must have 12 weeks of formal PT or **Supervised/Physician Directed** or it must be documented why patient could not tolerate it
- 6) Brace, cane, crutches and/or walker – must use for 12 weeks and if not used must document why

EXAM: Must include **ALL** listed below

- 1) Pain at the joint increased with WB and ADLs
- 2) Joint swelling or effusion – both current and/or past
- 3) Deformity present or absent
- 4) Crepitus – yes or no
- 5) Antalgic gait – yes or no
- 6) Stability of knee
- 7) Skin assessment and documentation of the presence or absence of pulses
- 8) Documentation of ROM – pain with passive ROM, limited ROM

X-RAYS: Must show **TWO (2)** of the following

- 1) Subchondral Cysts
- 2) Joint space narrowing
- 3) Subchondral sclerosis
- 4) Periarticular osteophytes
- 5) Joint subluxation

PLAN: Shared decision making must be clearly documented