

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Total Knee Arthroplasty (TKA) and Total Hip Arthroplasty (THA) Ambulatory Level of Care

MP9550

Covered Service: Yes

Prior Authorization

Required:

Total Knee Arthroplasty and Total Hip Arthroplasty require prior authorization by Magellan Health Musculoskeletal (MSK) Care Management Program when performed in an Inpatient setting.

Prior Authorization is required for Inpatient level of care.

Additional Unilateral total knee arthroplasty - CPT Code 27447

Information: Total hip arthroplasty – CPT Code 27130

Medicare Policy: Prior authorization is dependent on the member's Medicare

coverage. Prior authorization is not required for Dean Care Gold

and Select when this service is provided by participating

providers. If a member has Medicare primary and Dean Health Plan as secondary coverage, a prior authorization is required.

BadgerCare Plus

Policy:

Dean Health Plan covers when BadgerCare Plus also covers

the benefit.

Dean Health Plan Medical Policy:

- 1.0 Inpatient level of care for a Total Knee Arthroplasty (TKA) hospitalization or a Total Hip Arthroplasty (THA) may be appropriate if **ANY** of the following criteria are met:
 - 1.1 Member is 70 years of age or older; **OR**
 - 1.2 Body Mass Index (BMI) is 40 or greater; **OR**
 - 1.3 The member will travel over 2 hours to the surgical facility; **OR**
 - 1.4 The member lives alone with no caregiver available after surgery; **OR**
 - 1.5 The member currently uses a walker or wheelchair for household mobility; **OR**
 - 1.6 The member has a history of anesthesia complications (documented in record); **OR**
 - 1.7 Serious comorbid illness is present including **ANY** of the following:
 - 1.7.1 Coronary artery disease with cardiopulmonary event **in last year**, e.g. Acute MI, Stent placement, Acute CHF, **OR** in active treatment. Member may be taking regularly scheduled medications such as anticoagulants, cardiac rhythm- or rate-reducing medication; **OR**
 - 1.7.2 Chronic obstructive pulmonary disease (COPD) in active treatment, e.g. on regularly scheduled medications and/or inhalers; **OR**



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- 1.7.3 Obstructive sleep apnea in active treatment, e.g. regular use of CPAP, Bipap, or oral device; **OR**
- 1.7.4 Renal insufficiency (e.g. GFR < 60) per most recent lab testing; **OR**
- 1.7.5 Chronic opioid use on regularly scheduled opioid medication or member with history of pain management problems; **OR**
- 1.7.6 Poorly controlled diabetes with most recent A1c > 7.5%; **OR**
- 1.7.7 Heart failure cardiac event in the last year **OR** in active treatment- e.g. member is taking diuretic medications; **OR**
- 1.7.8 Venous thromboembolism if on chronic anticoagulants that require postsurgical restart, e.g. Coumadin, Eliquis, Lovenox, heparin, Xarelto, Arixtra, Pradaxa: **OR**
- 1.7.9 Cardiac arrhythmia in active treatment, e.g. member is taking rhythm- or ratereducing medication or is on chronic anticoagulation; **OR**
- 1.7.10Bleeding disorder if on chronic anticoagulation requiring post-surgical restart e.g. Coumadin, Eliquis, Lovenox, heparin, Xarelto, Arixtra, Pradaxa; **OR**
- 1.7.11 Cerebrovascular accident (CVA) (diagnosis is documented); OR
- 1.7.12 Dementia (diagnosis is documented) or cognitive impairment.

	Committee/Source	Date(s)
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