

April 1, 2021

Dear Dean Health Plan Provider:

This notification details changes to Dean Health Plan's prior authorization process for inpatient and outpatient total knee arthroplasty (CPT code 27447) and total hip arthroplasty (CPT code 27130) procedures as managed by NIA-Magellan Healthcare (Magellan). This program has been updated and streamlined from information we originally communicated last year.

Effective July 1, 2021:

- Prior authorization will no longer be required for **outpatient** total knee arthroplasty and total hip arthroplasty procedures.
- Prior authorization requests for **inpatient** total knee arthroplasty and total hip arthroplasty will be reviewed for place of service (also referred to as site of care) in addition to the current review for medical necessity. Place of service is the facility code that is applied to professional claims to describe where a medical procedure was performed.

This prior authorization information applies to CPT codes 27447 and 27130 **only**, not all Musculoskeletal Care Management (MSK) procedures.

Information in this notification applies to the following Dean Health Plan products: Commercial (fully-insured, including ACA), Dean Administrative Services Only (ASO), SSM Health Employee Health Plan ASO, Dean Advantage, and Dean Medicaid. (DeanCare Gold and Dean Medicare Select plans are excluded.)

Please share this information with others within your organization who may be affected by these changes, including support staff who submit authorization requests.

Inpatient Procedures

Dean Health Plan will still require prior authorization approval for **inpatient** total knee arthroplasty and total hip arthroplasty procedures; however, effective for dates of service July 1, 2021, Magellan will review the place of service on prior authorization requests for inpatient total knee arthroplasty and total hip arthroplasty to determine if an inpatient setting is clinically appropriate. Magellan will continue to review these requests for medical necessity in addition to the place of service which could result in partial authorization approval (e.g., surgery is approved but not the place of service for the surgery).

The CMS 2018 Outpatient Prospective Payment System Final Rule removed total knee replacement from the Medicare inpatient-only list. It stipulates that most unilateral total knee replacements should be performed as an outpatient service. Total hip replacement was also removed from the Medicare inpatient-only list starting calendar year 2020.

Dean Health Plan does not expect that all unilateral total knee and hip replacements will be performed on an outpatient basis. An inpatient setting **may** still be medically appropriate for certain patients who meet medical policy criteria, as detailed in our Medical Policy 9550 at deancare.com/document-repository?keyword=&audience=Provider&category=MedicalPolicies.

Intraoperative Findings

If, because of a finding during the surgery or a change in condition following the surgery, additional services beyond those authorized are rendered, the surgeon is required to contact Magellan's Call Center at 866-307-9729 within seven business days of the date of the surgery with the medical criteria to support the medical necessity of the additional services as required by the current process.

Prior Authorization Request Submissions

Providers should continue to submit inpatient prior authorization requests for total knee and hip replacements to Magellan through its portal at radmd.com or by calling toll-free at 866-307-9729.

Outpatient Procedures

In response to provider feedback, effective July 1, 2021, Dean Health Plan will no longer require prior authorization approval for outpatient total knee arthroplasty (CPT code 27447) and total hip arthroplasty (CPT code 27130) procedures. This includes authorizations for medical necessity and place of service (also referred to as site of care). Outpatient includes the following level of care designations:

- Outpatient observation
- Outpatient ambulatory (same day) care
- Hospital outpatient day surgery (HOPD) overnight

If a patient develops intra-operative or post-operative complications and needs to move to an inpatient setting, the facility must notify Dean Health Plan of the inpatient admission, per the current process for outpatient surgeries. Failure to do so may impact claim payments.

Training and Provider Support

Dean Health Plan and Magellan are developing a webinar and training materials on inpatient total knee and total hip prior authorizations. Look for these resources on our Musculoskeletal (MSK) Program web page at deancare.com/providers/medical-management/musculoskeletal in June 2021.

Additionally, Kathy Sellnow, RN, our Senior Provider Network Clinical Liaison, can assist with clinical education or support, if needed. Contact Kathy at kathleen.sellnow@deancare.com. For all other questions, please call the Dean Health Plan Customer Care Center at 800-279-1301.

Sincerely,



Katie Luther
Director – Provider Network Administration
DHP_TKA_THA_Letter

NMPS032621122421