

Criteria for **Total Knee Replacement**

Patient Name:

DOB:

MBR#:

Clinical Indications for Procedure

- Distal femur fracture
- Malignancy of distal femur, proximal tibia, knee joint, soft tissues
- Avascular necrosis of the knee
- Revision

Total knee arthroplasty for the above four indications will be approved based upon indication for the procedure alone. If indication for procedure is advanced degenerative joint disease, total joint replacement will be considered medically necessary when the following conditions are met:

Advanced degenerative joint disease, as indicated by:

A. Symptoms (at least one of the following):

- Disabling pain
- Significant functional disability

AND

B. Radiological findings consistent with significant osteoarthritis (at least two of the following)

- Severe joint space narrowing
- Osteophyte formation
- Joint Subluxation
- Deformity or mal-alignment
- Subchondral sclerosis

OR

- Arthroscopic findings of severe denudation of articular cartilage

AND

C. Optimal medical management has been tried and failed (please see recommendation for non-operative treatment of knee and osteoarthritis), including:

1. Self-management program (more than or equal to six weeks) that includes

- a. Strengthening **AND**
- b. Low impact aerobic activities

AND one of the following:

- c. Physical therapy
- d. Adjunctive range of motion/stretching exercises
- e. Joint off-loading (cane, walker)
- f. Bracing
- g. Reasonable restriction of activities

AND

2. Weight Loss

- a. In a patient with a BMI more than 35 (Should include medically directed weight loss program)
- b. N/A patient BMI is less than 35

AND

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3. Medications

- a. NSAIDS (prescription or over the counter at adequate doses) if tolerated and not contraindicated **OR** if NSAIDS not tolerated or contraindicated, at least one of:
 - Analgesics
 - Acetaminophen
 - Tramadol
 - Corticosteroid injections
 - Hyaluronic acid injections

ANDD. Patient had participated in pre-procedure education* YES NOE. *Pre-procedure education should include all of the following*:*

- a. Pre-operative preparation
- b. Post-operative anticoagulation
- c. Pre-and post-operative exercises
- d. Home safety and equipment
- e. Post-op expectations and goals for movement and function
- f. Considerations for post-hospital disposition
- g. Plans for rehab services after surgery

*May include group classes such as Presbyterian HealthPlex joint replacement classes (preferred), videos, reading material from professional societies, or counseling from MD-designated professional.

Medical Optimization Criteria

For patients with any of the below-listed diagnoses, the following conditions have been met, to the best of the surgeon's knowledge, for medical optimization prior to total joint replacement:

1. Obesity

- a. Patients with a BMI more than 35 must undergo efforts at weight loss
- b. Require participation in medically directed weight loss program
- c. Documentation of participation and weight loss
- d. A BMI of less than 35 should be obtained prior to surgery unless the surgeon's judgment dictates otherwise in cases of severe or progressive bone loss, deformity, or the symptoms progress/worsen in the face of active interventions (requires MDR and orthopedist attestation)

2. Smoking

- a. Cessation at least six weeks prior to elective TJA **OR**
- b. Participation in smoking cessation program and documentation of completion of such program (examples include Quit For Life, QuitNowNM.com)

3. Diabetes

- a. HBA1c must be less than 7.5 to proceed with surgery unless control is felt to be optimized for the individual in the opinion of the treating PMD or endocrinologist (requires PMD or endocrinologist attestation)

4. Rheumatoid arthritis and autoimmune disorders

- a. Documented discussion between patient and Rheumatologist or Orthopedist and Rheumatologist regarding medication management in the perioperative time frame to improve wound healing and lessen risk of infection

5. Active substance abuse /dependence

- a. Total joint replacement will not be authorized in members with active alcohol or intravenous drug abuse or dependence
 - o ETOH abuse – needs documentation of treatment program completion
 - o IVDA – needs documentation of treatment program completion AND negative urine toxicology screen

6. Absence of

- a. Open skin lesions on the operative limb
- b. Active infection

Criteria for **Total Knee Replacement****Physician Attestation Statement:**

I hereby document that I have treated the above patient and that the above criteria and conditions have been met. I certify that the above information is correct.

Physician Name Printed:

Physician Signature: _____

Date:

Time:

The above requirements may be deferred if, in the judgment of the treating surgeon, requiring a patient to endure these non-operative measures in the face of severe OA or in cases of severe or progressive bone loss or deformity, would cause undue suffering or potentially compromise outcomes of delayed joint replacement (requires surgeon attestation and medical director review)

Please fax this form to: (505) 843-3047**ATTN:** _____