Clinical Policy: Total Hip Arthroplasty

Common Name: Total Hip Replacement

Description: Total hip arthroplasty, or surgical replacement of the hip joint with an artificial prosthesis, is a reconstructive procedure utilized to treat pain and disability when conservative medical treatments have failed.

Device Capture: Product Line + Devices

I. Policy Criteria for Inclusion
   A. Total hip arthroplasty is considered medically necessary for the following indications:
      1. Advanced joint disease as indicated by all of the following:
         a. Osteoarthritis, post-traumatic arthritis, or rheumatoid arthritis confirmed by standing x-rays with documentation of all of the following:
            i. Significant (at least moderate-to-severe) joint destruction
            ii. Descriptive criteria including at least two of the following:
               • Subchondral cysts
               • Subchondral sclerosis
               • Joint space narrowing
               • Joint subluxation
               • Osteophyte formation
         b. Symptoms correlate with hip pathology, supported by physical exam findings (e.g. antalgic gait, pain or limitation with range of motion)
         c. Presence of significant pain or disability that interferes with ability to perform daily activities that has failed to improve with at least 3 months of conservative treatment, including all of the following, unless contraindicated:
            i. Analgesics or anti-inflammatory medications
            ii. Activity modification
            iii. Weight reduction as appropriate
               • For BMI 30 to 35, medical record must document weight discussion
               • For BMI 35 to 40, medical record must document plan for weight loss
               • BMI greater than 40 is a contraindication for total hip replacement, unless significant weight loss has been clearly documented
            iv. Use of an assistive device, when indicated
      2. Primary or secondary tumors involving proximal femur
      3. Symptomatic arthritis secondary to ANY of the following:
CLINICAL POLICY
Total Hip Arthroplasty

- Osteonecrosis of femoral head
- Developmental dysplasia of hip
- Acetabular fracture
- Traumatic dislocation or fracture-dislocation
- Hemophilia
4. Displaced fracture of femoral neck in patient without significant cognitive impairment
5. Acetabular fracture
6. Failed previous hip fracture fixation

B. Conversion of previous hip arthrodesis to arthroplasty is considered medically necessary when abductor muscle function is intact and surgery is indicated by one of the following:
   a. Painful pseudarthrosis/non-union, fusion in malposition, or infection (after infection has cleared)
   b. Severe pain in lumbar spine, ipsilateral knee, or contralateral mobile hip
   c. Bilateral fused hips
   d. Female patient planning to bear children

C. Hip arthrodesis is considered medically necessary for any of the following indications:
   1. As a salvage procedure for failed total hip arthroplasty
   2. Reconstruction after tumor resection
   3. Painful ankylosis after infection or trauma in young patients with high physical demands (i.e., laborers)
   4. Persistent/chronic joint infection

II. Criteria for Exclusion

A. Total hip replacement is considered not medically necessary if any of the following contraindications are present:
   1. Active or persistent infection of the hip joint, skin, and/or systemic bacteremia
   2. Allergy or history of allergy to implant material used (e.g. cobalt, chromium, alumina, methyl methacrylate) that has not been evaluated by an allergist or immunologist
   3. Rapidly progressing neurological disorder or disease, except in the case of femoral neck fracture
   4. Current smoker within 2 months

B. Hip arthrodesis is considered not medically necessary when any of the following are present:
   1. Active infection
   2. Degeneration in the knee of the same limb, in the opposite hip, or in the lumbar spine; or
   3. Severe osteoporosis
   4. Arthroplasty of contralateral hip
   5. Cardiovascular or cardiopulmonary dysfunction (there is a significantly increased oxygen consumption rate with hip arthrodesis)

C. Patients unable or unwilling to cooperate with postoperative rehabilitation

D. For persons with significant co-morbidities or complications, the medical record must contain documentation of the risk/benefit of total hip replacement
III. Device Considerations
   A. Only implants with FDA approval are considered to be medically appropriate
   B. In patients who are osteoporotic and/or over 75 years old, cemented fixation is recommended
   C. Antibiotic impregnated bone cement, when appropriate, should be used for any patients that are considered to be immunocompromised

IV. Surgical Considerations
   A. Pre-Operative Considerations:
      1. Routine preoperative evaluation
      2. Imaging
      3. Preoperative treatment, procedures, and stabilization, including:
         a. Iron supplementation and erythropoietin as indicated
         b. Tranexamic acid
         c. Ruling out sources of infection, including dental and lower urinary tract infections
         d. Dental prophylaxis as indicated
      4. Preoperative discharge planning as appropriate
   B. Intra-Operative Considerations:
      1. Antibacterial wipes
      2. Antibacterial nasal swab
   C. Post-Operative & Inpatient Considerations:
      1. Hospital evaluation and care needs may include:
         a. Diagnostic test scheduling and completion, including:
            i. Lower extremity Doppler study
      2. Treatment and procedure scheduling and completion, including:
         i. IV antibiotics
         ii. DVT prophylaxis
         iii. Transfusion
      3. Consultation, assessment, and other services scheduling and completion, including:
         a. Physical therapy
         b. Occupational therapy
         c. Gait training
      4. Monitoring patient's status for deterioration and comorbid conditions; key items include:
         a. Neurovascular status
         b. Transfusion need
         c. Cardiac and respiratory status
         d. Neuropsychiatric status for delirium, dementia, or confusion
         e. Nutritional status
         f. Discharge Planning & Considerations
   D. Discharge Planning & Considerations
      1. Discharge planning includes:
         a. Assessment of needs and planning for care, including:
            i. Develop treatment plan (involving multiple providers as needed).
            ii. Evaluate and address preadmission functioning as needed.
            iii. Evaluate and address patient or caregiver preferences as indicated.
iv. Identify skilled services needed at next level of care, with specific attention to:
  • Medication management, adherence instruction, and side effects assessment
  • Pain management
  • Rehabilitation therapy or equipment coordination
  • Wound or dressing management

v. Evaluate and address psychosocial status issues as indicated

b. Early identification of anticipated discharge destination; options include:
  i. Home, considerations include:
    • Access to follow-up care
    • Home safety assessment
    • Self-care ability, if appropriate
    • Caregiver need, ability, and availability
  ii. Post-acute skilled care or custodial care, as indicated

c. Transition of care plan complete, which may include:
  i. Patient and caregiver education complete
     • See Teach Back Tool for further information.
  ii. Medication reconciliation completion includes:
     • Compare patient's discharge list of medications (prescribed and over-the-counter) against physician's admission or transfer orders.
     • Assess each medication for correlation to disease state or medical condition.
     • Report medication discrepancies to prescribing physician, attending physician, and primary care provider, and ensure accurate medication order is identified.
     • Provide reconciled medication list to all treating providers.
     • Confirm that patient, family, or caregiver can acquire medication.
     • See Medication Reconciliation Tool for further information.
     • Educate patient, family, and caregiver.
     • Provide complete medication list to patient, family, or caregiver.
     • Confirm that patient, family, or caregiver understands importance of presenting personal medication list to all providers at each care transition, including all physician appointments.
     • Confirm that patient, family, or caregiver understands reason, dosage, and timing of medication (eg. use "teach-back" techniques).
  iii. Plan communicated to patient, caregiver, and all members of care team, including:
    • Inpatient care and service providers
    • Primary care provider
    • All post-discharge care and service providers
  iv. Post-discharge appointment plans made as needed, which may include:
    • Primary care provider
    • Anticoagulation monitoring
    • Orthopedic surgeon
Rehabilitation therapy services

v. Post-discharge testing and procedure plans made, which may include:
   • Laboratory testing

vi. Referrals made for assistance or support, which may include:
   • Financial, for follow-up care, medication, and transportation
   • Community services
   • Smoking cessation counseling or treatment

vii. Medical equipment and supplies coordinated (ie, delivered or
delivery confirmed) which may include:
   • Ambulation devices (eg. cane, crutches, walker)
   • Antiembolic or compression stockings
   • Bath and toilet aids
   • Syringes and needles for subcutaneous injections
   • Wound care supplies

V. Length of Stay Considerations
   A. Goal length of stay: Ambulatory up to 2 days postoperative
   B. Facility type criteria: Ambulatory, outpatient or inpatient hospital

VI. Coding
   A. CPT Codes

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>27125</td>
<td>Hip Hemiarthroplasty, hip, partial (eg. femoral stem prosthesis, bipolar arthroplasty)</td>
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<tr>
<td>27130</td>
<td>Hip Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft</td>
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<tr>
<td>27132</td>
<td>Hip Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft</td>
</tr>
<tr>
<td>27236</td>
<td>Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement</td>
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<tr>
<td>27284</td>
<td>Arthrodesis, hip joint (including obtaining graft)</td>
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<tr>
<td>27286</td>
<td>Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy</td>
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<td>27299</td>
<td>Unlisted procedure, pelvis or hip joint</td>
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B. HCPCS Codes

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<tr>
<td>L8699</td>
<td>Prosthetic implant, not otherwise specified</td>
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<td>C1763</td>
<td>Connective tissue, non-human (includes synthetic)</td>
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<tr>
<td>C1776</td>
<td>Joint device (Implantable)</td>
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<td>S2118</td>
<td>Metal-on-metal total hip resurfacing, including acetabular and femoral components</td>
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C. ICD-10 Procedure
   *No ICD-10 Procedure codes*

D. ICD-10 Diagnosis
   *All associated ICD-10 Diagnosis codes*
References


20. Spahn DR. Anemia and patient blood management in hip and knee surgery: a systematic review of the literature. Anesthesiology 2010;113(2):482-95. DOI: 10.1097/ALN.0b013e3181e08e97
Rehabilitation Nursing a Contemporary Approach to Practice. Sudbury, MA: Jones & Bartlett Learning; 2012:283-95


42. Azodi O, Adami J, Lindström D, Eriksson K, Wladis A, Bellocco R. High body mass index is associated with increased risk of implant dislocation following primary total hip replacement: 2,106 patients followed for up to 8 years. Acta Orthopaedica [serial online]. February 2008;79(1):141-147.


Regulatory Data

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URAC Standards:

State Requirements:

CMS/Federal Requirements:

Corresponding policies:

Reviews, Revisions, and Approvals

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• New Policy created.
• Policy administered by Turning Point Healthcare Solutions

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by PA Health & Wellness, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy,
contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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**Note: For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at [http://www.cms.gov](http://www.cms.gov) for additional information.

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