Clinical Policy: Revision of Total Hip Arthroplasty

Common Name: Revision of Total Hip Replacement

Definition: Revision of total hip arthroplasty is a procedure to alleviate pain and improve function in patients who have had a previous total hip arthroplasty.

Device Capture: Product Line + Devices

I. Criteria for Inclusion
   A. Revision of total hip replacement may be considered medically necessary for the following indications which may be accompanied by pain and/or functional disability that interferes with daily activities:
      1. Radiographic confirmation of aseptic loosening of one or more prosthetic implant components
      2. Radiographic confirmation of fracture or mechanical failure of the components of the prosthesis
      3. Periprosthetic infection
      4. Displaced periprosthetic fracture confirmed by imaging
      5. Radiographic confirmation of advancing or significant osteolysis
      6. Soft tissue abnormalities
      7. Radiographic confirmation of irreducible or recurrent dislocations of the hip, unresponsive to conservative treatment
      8. Developed metal allergy or elevated metal levels confirmed by lab studies
      9. Food & Drug Administration (FDA) recall of one or more implant prosthetic components

II. Criteria for Exclusion
   A. In persons with any of the following absolute contraindications, total hip replacement is considered not medically necessary, and the medical record must contain documentation of the risk/benefit of total hip revision:
      1. Neuromuscular compromise, loss of musculature, or vascular deficiency in hip limb affected
      2. Poor bone quality due to osteoporosis or other abnormalities that increase the likelihood of a poor outcome
      3. Poor skin condition at the surgical site
      4. Anatomic condition causing severe instability that increase the likelihood of a poor outcome.

III. Device Considerations
   A. Only implants with FDA approval are considered to be medically appropriate

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
      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.
➢ 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
      1. Ambulatory or inpatient up to 2 days
   B. Facility type criteria
      1. Ambulatory: Selected patients may be able to be treated on ambulatory basis
         a. The patient must not have any significant comorbidities
         b. The patient has adequate support at home to support them during recovery
         c. The request is not for bilateral hip replacements
         d. The patient is under the age of 75
      2. Inpatient: Most patients
VI. Coding
   A. CPT
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>27090</td>
<td>Removal of hip prosthesis</td>
</tr>
<tr>
<td>27091</td>
<td>Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer</td>
</tr>
<tr>
<td>27134</td>
<td>Revision of total hip arthroplasty; both components, with or without autograft or allograft</td>
</tr>
<tr>
<td>27137</td>
<td>Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft</td>
</tr>
<tr>
<td>27138</td>
<td>Revision of total hip arthroplasty; femoral component only, with or without allograft</td>
</tr>
<tr>
<td>27299</td>
<td>Unlisted procedure, pelvis or hip joint</td>
</tr>
</tbody>
</table>

   B. HCPCS
   No HCPCS codes

   C. ICD-10 Procedure
   No ICD-10 Procedure codes

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

References

15. 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
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.

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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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