

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	HIP ARTHROPLASTY
Policy Number	7.01.96
Category	Technology Assessment
Effective Date	06/21/18
Revised Date	12/20/18, 06/20/19, 12/19/19
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

- I. Based on our criteria and assessment of peer-reviewed literature, *partial* hip replacement has been medical proven to be effective and is considered **medically appropriate** when ANY of the following criteria have been met:
- A non-displaced intracapsular fracture is present and surgical fixation is not considered a reasonable option; or
 - An impacted fracture, partially displaced fracture, completely displaced or comminuted fracture of the femoral neck or femoral head is present and conservative management or surgical fixation is not considered a reasonable option; or
 - Tönnis Grade 3 osteoarthritis or avascular necrosis with stage III collapse of the femoral head when **ALL** of the following criteria have been met:
 - Function-limiting pain at short distances (e.g., walking less than ¼ mile, limiting activity to two city blocks, the equivalent to walking the length of a shopping mall) for at least three months duration;
 - Loss of hip function secondary to osteoarthritis which interferes with the ability to carry out age-appropriate activities of daily living and/or their demands of employment;
 - Failure of at least three (3) months of provider-directed non-surgical management
 - For patients with BMI greater than 40, there must be failure of at least six (6) months of provider-directed non-surgical management; or
 - Provider-directed non-surgical management may be inappropriate. The medical record must clearly document why provider-directed non-surgical management is not appropriate.
- II. Based on our criteria and assessment of peer-reviewed literature, *total* hip replacement has been medical proven to be effective and is considered **medically appropriate** when ANY of the following criteria have been met:
- An impacted fracture, partially displaced fracture, completely displaced or comminuted fracture of the femoral neck or femoral head is present and conservative management or surgical fixation is not considered a reasonable option;
 - Tönnis Grade 3 osteoarthritis or avascular necrosis with stage III collapse of the femoral head or inflammatory arthropathy affecting both the femoral head and acetabulum with joint space narrowing when **ALL** the following criteria have been met:
 - Function-limiting pain at short distances (e.g., walking less than ¼ mile, limiting activity to two city blocks, the equivalent to walking the length of a shopping mall) for at least three (30) months duration;
 - Loss of hip function secondary to osteoarthritis which interferes with the ability to carry out age-appropriate activities of daily living and/or demands of employment;
 - Failure of at least three (3) months of provider-directed non-surgical management:
 - For patients with a BMI greater than 40, there must be failure of at least six (6) months of provider-directed non-surgical management; or

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- b. Provider-directed, non-surgical management may be inappropriate for some patients (e.g., stage III collapse of the femoral head, inflammatory arthritis, advanced dysplasia). The medical record must clearly document why provider-directed, non-surgical management is not appropriate.
- III. Based on our criteria and assessment of peer-reviewed literature, *revision* of hip replacement – *partial or total* – has been medically proven effective and is considered **medically appropriate** when **ANY** of the following criteria have been met:
 - A. Presence of any of the following:
 1. Recurrent prosthetic dislocation/subluxation not responsive to a reasonable course of nonsurgical care;
 2. Instability of the implant (e.g. disassembly, modular neck failure);
 3. Aseptic loosening;
 4. Periprosthetic infection;
 5. Periprosthetic fracture;
 6. Leg length discrepancy; or
 7. Osteolysis without eccentric wear (wear of elevated rim liner without wear superiorly).
 - B. Unexplained function-limiting pain at short distances (e.g., walking less than ¼ mile, limiting activity to two city blocks, the equivalent to walking the length of a shopping mall) for greater than six (6) months unresponsive to provider-directed non-surgical management.
- IV. Based on our criteria and assessment of peer-reviewed literature, *partial* hip replacement is considered **not medically necessary** for any other indication or condition, including **ANY** of the following:
 - A. Active local or systemic infection;
 - B. Osseous abnormalities that cannot be optimally managed prior to surgery which would increase the likelihood of a poor surgical outcome (i.e. inadequate bone stock to support the implant) unless the procedure is being performed for a fracture indication;
 - C. One or more uncontrolled or unstable medical conditions that would significantly increase the risk of morbidity (e.g., cardiac, pulmonary, liver, genitourinary, or metabolic disease; hypertension; abnormal serum electrolyte levels);
 - D. Vascular insufficiency, significant muscular atrophy of the leg, or neuromuscular disease severe enough to compromise implant stability or post-operative recovery;
 - E. Severe immunocompromised state;
 - F. Charcot joint;
 - G. Inflammatory arthropathy affecting both the femoral head and acetabulum.
- V. Based on our criteria and assessment of peer-reviewed literature, *revision* of hip replacement has not been medically proven effective and is considered **not medically necessary** for any other indication or condition;
- VI. Based on our criteria and assessment of peer-reviewed literature, simultaneous, *bilateral total* hip arthroplasty is considered **not medically necessary** based on increased risk of serious complications (e.g., cardiac complications, pulmonary complications, and mortality).
- VII. Based on our criteria and assessment of peer-reviewed literature, a *total hip* replacement does not improve patient outcomes and is considered **not medically necessary** for **ANY** of the following:
 - A. Individual has an active local or systemic infection;
 - B. Individual has osseous abnormalities that cannot be optimally managed prior to surgery which would increase the likelihood of a poor surgical outcome (i.e., inadequate bone stock to support the implant) unless the procedure is being performed for a fracture indication;
 - C. Individual has one or more uncontrolled or unstable medical conditions that would significantly increase the risk of morbidity or mortality (e.g., cardiac, pulmonary, liver, genitourinary, or metabolic disease; hypertension; and abnormal serum electrolyte levels);
 - D. Individual has vascular insufficiency, significant muscular atrophy of the leg, or neuromuscular disease severe enough to compromise implant stability or post-operative recovery;
 - E. Severe immunocompromised state; or
 - F. Charcot joint.

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DESCRIPTION

Total hip replacement is a surgical technique which involves the removal of the femoral head and neck and the femoral canal (marrow space) is reamed-out. The damaged hip joint is replaced with an artificial prosthesis composed of two or three different components: 1) the head that replaces the original femoral head, 2) the femoral component (a metal stem placed into the femur), and 3) the acetabular component that is implanted into the acetabulum. The stem may be secured using bone cement or press-fit for the bone to grow into it.

Tonnis Classification system is commonly used to describe the presence of osteoarthritis in the hips with grading as follows:

- I. Grade 0: No signs of osteoarthritis.
- II. Grade 1: Sclerosis of the joint with slight joint space narrowing and osteophyte formation, and no or slight loss of femoral head sphericity.
- III. Grade 2: Small cysts in the femoral head or acetabulum with moderate joint space narrowing and moderate loss of femoral head sphericity.
- IV. Grade 3: Large cysts in the femoral head or acetabulum, severe joint space narrowing or obliteration of the joint space, and severe deformity and loss of sphericity of the femoral head.

Revision of hip replacement (partial or total) involves surgical reconstruction or replacement due to failure or complications of previous hip replacement.

Non-surgical management with regard to the treatment of hip osteoarthritis is defined as any provider-directed, non-surgical treatment which has been demonstrated in the scientific literature as efficacious and/or is considered reasonable care in the treatment of hip pain from osteoarthritis. The types of treatment can include, but are not limited to: relative rest/activity modification, weight loss, supervised physiotherapy modalities and therapeutic exercises, oral prescription and non-prescription medications, assistive devices (e.g., cane, crutches, walker, wheelchair), and/or intra-articular injections (i.e., steroid).

RATIONALE

In a meta-analysis, Smith and colleagues compared the clinical and radiological outcomes and complication rates of hip resurfacing (HRS) and total hip arthroplasty (THA). A systematic review was undertaken of all published (Medline, CINAHL, AMED, EMBASE) and unpublished or gray literature research databases up to January 2010. Clinical and radiological outcomes as well as complications of HRS were compared to those of THA using risk ratio, mean difference, and standardized mean difference statistics. Studies were critically appraised using the CASP appraisal tool. A total of 46 studies were identified from 1,124 citations. These included 3,799 HRSs and 3,282 THAs. On meta-analysis, functional outcomes for subjects following HRS were better than or the same as for subjects with a THA, but there were statistically significantly greater incidences of heterotopic ossification, aseptic loosening, and revision surgery with HRS compared to THA. The evidence base showed a number of methodological inadequacies such as the limited use of power calculations and poor or absent blinding of both patients and assessors, possibly giving rise to assessor bias. The authors concluded that on the basis of the current evidence base, HRS may have better functional outcomes than THA, but the increased risks of heterotopic ossification, aseptic loosening, and revision surgery following HRS indicate that THA is superior in terms of implant survival.

The OA Research Society International (OARSI) published recommendations on the management of hip osteoarthritis recommending that orthopedic surgical intervention proceed after more conservative treatment options were exhausted. Conservative treatments recommended include pharmacological interventions, such as capsaicin, paracetamol (acetaminophen), topical and oral non-selective non-steroidal anti-inflammatory drugs (NSAIDs), oral COX-2 inhibitors, and intra-articular glucocorticoids.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*

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- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT Codes

Code	Description
27125	Hemiarthroplasty, hip, partial (e.g., femoral stem prosthesis, bipolar arthroplasty)
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft

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HCPCS Codes

Code	Description
No codes	

ICD10 Codes

Code	Description
M05.00 - M14.89	Inflammatory polyarthropathies (code range)
M12.551 - M12.559	Traumatic arthropathy, hip (code range)
M16.0 - M16.9	Osteoarthritis of hip (code range)
M80.051A - M80.059S, M80.851A- M80.859S, M84.451A- M84.453S, M84.459A- M84.459S, M84.551A- M84.559S, M84.651A- M84.659S	Pathologic fracture of neck of femur (hip) (code range)
M84.750A- M84.759S	Atypical femoral fracture (code range)

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Code	Description
M87.051- M87.059, M87.151- M87.159, M87.251- M87.256, M87.351- M87.353, M87.851- M87.859, M90.551- M90.559	Osteonecrosis of femur and thigh (code range)
M97.01XA- M97.02XS	Periprosthetic fracture around internal prosthetic hip joint (code range)
S72.001A- S72.26XS	Fracture of head and neck of femur (code range)

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*Key Article

KEY WORDS

Total Hip Replacement

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) for joint arthroplasty. Please refer to the following LCD website for Medicare Members: [https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36039&ver=10&CntrctrSelected=298*1&Cntrctr=298&name=National+Government+Services%2c+Inc.+\(13201%2c+A+and+B+and+HHH+MAC%2c+J++K\)&s=All&DocType=Active&bc=AggAAAQBAAA&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36039&ver=10&CntrctrSelected=298*1&Cntrctr=298&name=National+Government+Services%2c+Inc.+(13201%2c+A+and+B+and+HHH+MAC%2c+J++K)&s=All&DocType=Active&bc=AggAAAQBAAA&)