MEDICAL POLICY

Medical Policy Title	**Hip Arthroplasty**
Policy Number	**7.01.96**
Current Effective Date	October 15, 2025
Next Review Date	June 2026

Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to Product Disclaimer)

POLICY STATEMENT(S)

Partial Hip Replacement

I. Partial hip replacement is **medically necessary,** for **ANY** of the following conditions when **ALL** of the associated criteria have been met:

A. Femoral head/neck fracture, with

1. Imaging shows a fracture of the femoral head or femoral neck; and
2. Conservative management or surgical fixation is not considered a reasonable option;

B. Avascular necrosis (AVN), with

1. imaging that shows AVN with collapse of the femoral head and
2. Symptoms include BOTH of the following:

a. Function-limiting pain at short distances (e.g., walking less than ¼ mile, limiting activity to two (2) city blocks, the equivalent to walking the length of a shopping mall) for at least three months' duration; and*

*Criteria exception: Three (3) months of function-limiting pain is not required when the medical record clearly documents why provider-directed non-surgical management is inappropriate.

b. Loss of hip function that interferes with the ability to carry out age-appropriate activities of daily living the demands of employment;

AND

3. Failure of at least three (3) months of provider-directed non-surgical management.*

*Criteria exception: Provider-directed non-surgical management may be inappropriate. The medical record must clearly document why. Provider-directed non-surgical management is inappropriate (e.g., collapse of the femoral head, inflammatory arthritis, advanced dysplasia).

II. Partial hip replacement is **not medically necessary** for **ANY** other indication, or condition, or when **ANY** of the following are present:

A. Active local or systemic infection;

B. Vascular insufficiency, significant muscular atrophy of the leg, or neuromuscular disease severe enough to compromise implant stability or post-operative recovery;

C. Charcot joint;

D. Inflammatory arthritis affecting **BOTH** the femoral head and the acetabulum.

Total Hip Replacement:

III. Total hip replacement is **medically necessary**, for **ANY** of the following conditions when **ALL** of the associated criteria have been met:

A. Femoral Head/Neck Fracture

1. Imaging shows a fracture of the femoral head or femoral neck; and

2. Conservative management or surgical fixation is not considered a reasonable option;

B. Osteoarthritis, Avascular Necrosis (AVN), Inflammatory Arthritis

1. Imaging shows **ANY** of the following findings:

a. Tönnis Grade two (2) -three (3) osteoarthritis;

b. Avascular necrosis with collapse of the femoral head;

c. Inflammatory arthritis affecting **BOTH** the femoral head and the acetabulum with joint space narrowing;

AND

2. Symptoms include **BOTH** of the following:

a. 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 (3) months duration;* and

*Criteria exception: Three (3) months of function-limiting pain is not required when the medical record clearly documents why provider-directed non-surgical management is inappropriate;

b. Loss of hip function which interferes with the ability to carry out age-appropriate activities of daily living and/or demands of employment;

AND

3. Failure of at least three (3) months of provider-directed non-surgical management;*

*Criteria exception: Three (3) months of provider-directed non-surgical management is not required when the medical record clearly documents why provider-directed non-surgical management inappropriate.

IV. A total hip replacement is **not medically necessary** for **ANY** other indication, condition, or when **ANY** of the following are present:

A. Active local or systemic infection;

B. Vascular insufficiency, significant muscular atrophy of the leg, or neuromuscular disease severe enough to compromise implant stability or post-operative recovery;

C. Individuals undergoing dialysis and on a renal transplant list.

Revision of Hip Replacement

V. Revision of hip replacement (partial or total) is **medically necessary** for an individual who has previously undergone a partial or total hip replacement, when **ANY** of the following post-operative criteria has been met:

A. Presence of **ANY** of the following:

1. Recurrent prosthetic dislocation/subluxation that is unresponsive to provider-directed non-surgical management;
2. Aseptic loosening;
3. Periprosthetic joint infection;
4. Periprosthetic fracture;
5. Instability of the implant (e.g., disassembly, modular neck failure);
6. Leg length discrepancy;
7. Osteolysis without eccentric wear (wear of elevated rim liner without wear superiorly);
8. Elevated serum metal levels as diagnosis for adverse local tissue reaction (ALTR) secondary to corrosion;
9. Unexplained, function-limiting pain at short distances (e.g., walking less than ¼ mile, limiting activity to two (2) city blocks, the equivalent to walking the length of a shopping mall) for greater than six (6) months that is unresponsive to provider-directed, non-surgical management.

VI. Revision of hip replacement is **not medically necessary** for any other indication or condition.

RELATED POLICIES

Not Applicable

POLICY GUIDELINE(S)

Not Applicable

DESCRIPTION

Total hip replacement is a surgical technique in which the femoral head and neck are removed, 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, which is implanted into the acetabulum. The stem may be secured using bone cement or press-fit for the bone to grow into it.

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

1. Grade 0: No signs of osteoarthritis.
2. Grade 1: Sclerosis of the joint, with slight joint space narrowing and osteophyte formation and no or slight loss of femoral head sphericity.
3. Grade 2: Small cysts in the femoral head or acetabulum, with moderate joint space narrowing and moderate loss of femoral head sphericity.
4. 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 that has been demonstrated in the scientific literature to be 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 (i.e., steroid) injections.

SUPPORTIVE LITERATURE

In a meta-analysis, Smith and colleagues (2010) 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 significant increases in incidence 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.

In a 2019 retrospective cohort study, Inoue et al. compared post-operative complications and survivorship of total hip and knee arthroplasty in dialysis and renal transplantation patients. They included a total of 107 patients undergoing primary total joint arthroplasty, including 50 who were receiving dialysis and 57 who had a prior renal transplantation. The end point was defined as revision surgery secondary to post-operative complications. Researchers found a significantly higher rate of

post-operative complications in the dialysis cohort (28%, n=14 of 50 joints) compared to the renal transplant cohort (7.1%, n= 4 of 57 joints). There was a higher rate of SSI and PJI in dialysis patients, compared with renal transplantation patients (18% versus 3.5%, P=0.02). In addition, there was an increased rate of revision surgery in the dialysis cohort, compared to transplant cohort (24% versus 3.5%, P=0.002). A multi-variate analysis considering demographics and comorbidities revealed that patients with renal transplantation were less likely to have revision surgery, compared to patients on dialysis as the time of arthroplasty (95 % CI, P=0.031), and demonstrated a strong trend for lower complications (95% CI, P=0.76), although the latter was not statistically significant. Researchers concluded that transplantation was independently associated with reduced rates of revision surgery in the setting of chronic renal failure, suggesting that those who are candidates may benefit from renal transplantation before undergoing elective TJA.

PROFESSIONAL GUIDELINE(S)

In the 2023 American Academy of Orthopaedic Surgeons adopted the evidence-based clinical practice guidelines for the Management of Osteoarthritis of the hip that state:

- They strongly recommend conservative measures such as physical therapy, corticosteroid or hyaluronic acid injections, pharmacological management (NSAIDs)

In the 2008 International Cartilage Repair Society guidelines for the management of hip and knee osteoarthritis, Part II, it states:

- “Patients with hip or knee OA who are not obtaining adequate pain relief and functional improvement from a combination of non-pharmacological and pharmacological treatment should be considered for joint replacement surgery. Replacement arthroplasties are effective, and cost-effective interventions for patients with significant symptoms, and/or functional limitations associated with a reduced health-related quality of life, despite conservative therapy.” (Zhang et al., 2008)

REGULATORY STATUS

Not Applicable

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

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

HCPCS Codes

Code	Description
Not Applicable	

ICD10 Codes

Code	Description
M05.051-M08.959	Inflammatory polyarthropathies (hip) (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)

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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SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Total Joint Arthroplasty (LCD L36039) [accessed 2025 Mar 19].

Total Joint Arthroplasty (LCA A57428) [accessed 2025 Mar 19].

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) 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.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION

Committee Approval Dates

12/20/18, 06/20/19, 12/19/19, 12/17/20, 04/15/21, 04/21/22, 04/20/23, 10/17/24, 06/26/25

Date	Summary of Changes
06/26/25	• Annual review, policy statement regarding bilateral simultaneous hip replacement was removed from the policy.
01/01/25	• Summary of changes tracking implemented.
06/21/18	• Original effective date