1. **Purpose**

   The purpose of this policy is to establish the criteria when hip arthroplasty may be considered medically necessary.

2. **Definitions**

   2.1. **Hip resurfacing arthroplasty (HRA),** also called metal-on-metal (MOM) hip resurfacing and hemiresurfacing arthroplasty, is a surgical technique which involves the removal of diseased cartilage and bone from the head of the femur, and the replacement of the surface of the femoral head with a hollow metal hemisphere that fits into the acetabulum of the pelvis. This hemisphere fits into a metal acetabular cup. The technique conserves femoral bone, maintains normal femoral loading and stresses. Because of bone conservation, it may not compromise future total hip replacements. Hip resurfacing arthroplasty has been promoted as an alternative to total hip replacement or for younger patients, to watchful waiting. Hip resurfacing arthroplasty may be either a partial HRA (i.e., hemi-hip resurfacing, hemiresurfacing or femoral head resurfacing arthroplasty [FHRA]) or a total HRA.

   2.2. **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.

3. **Statement of Policy**

   3.1. The determination of medical necessity for the performance of hip arthroplasty (total or partial) is always made on a case-by-case basis.

   3.2. Until the scientific literature is more definitive, the type of implant to be considered, such as metal-on-metal, ceramic-on-ceramic, metal-on-polyethylene, etc. should be determined by the doctor and their patient following a frank discussion explaining the pros and cons of each implant type.
3.3. Partial Hip Resurfacing Arthroplasty

3.3.1 Partial hip resurfacing arthroplasty may be considered medically necessary when all of the following criteria have been met:

- Patient has chronic severe, disabling pain for at least three (3) months in duration and a documented loss of hip function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment; and

- Patient demonstrates degenerative arthritis primarily affecting the femoral head with joint space narrowing on weight-bearing radiographs or osteonecrosis (avascular necrosis) of the femoral head when the disease is detected early and there is less than 50% involvement of the femoral head; and

- Patient has hip disease affecting the femoral head and is a candidate for a total hip replacement who is likely to live longer than the total hip replacement device is likely to last; and

- Patient is under the age of 65 years old; and

- Patient has undergone a reasonable course of non-surgical care (e.g., ice, relative rest/activity modification, weight loss, medications (e.g. anti-inflammatories), injections (steroid) and/or physical therapy).

3.3.2 Partial hip resurfacing arthroplasty may be considered not medically necessary when any of the following criteria have been met:

- Patient demonstrates degenerative arthritis which is affecting both the femoral head and the acetabular surface with joint space narrowing on weight-bearing radiographs or the patient has been diagnosed with osteonecrosis (avascular necrosis) of the femoral head where more than 50% of the femoral head is affected; or

- Patient is skeletally immature; or

- Patient has an active or history of infection or is septic; or

- Patient has any 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); or

- Patient has a history of any vascular insufficiency, significant muscular atrophy of the hip or leg musculature, or neuromuscular disease severe enough to compromise implant stability or post-operative recovery; or

- Patient has inadequate bone stock to support the device; or

- Patient is immunosuppressed with diseases such as AIDS; or

### 3.4. Total Hip Resurfacng Arthroplasty

#### 3.4.1 Total hip resurfacing arthroplasty may be considered medically necessary when all of the following criteria have been met:

- Patient has chronic severe, disabling pain for at least six (6) months in duration and a documented loss of hip function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment; and

- Patient demonstrates degenerative arthritis with joint space narrowing affecting both the femoral head and the acetabular joint on weight-bearing radiographs, an inflammatory arthropathy or osteonecrosis (avascular necrosis) of the femoral head with possible acetabular surface involvement when the disease is detected early and there is less than 50% involvement of the femoral head; and

- Patient is under the age of 65 years old; and

- Patient has advanced hip disease and is a candidate for a total hip replacement who is likely to live longer than the total hip replacement device is likely to last; and

- Patient has undergone a reasonable course of non-surgical care (e.g., ice, relative rest/activity modification, weight loss, medications (e.g., anti-inflammatories), injections (steroid) and/or physical therapy).

#### 3.4.2 Total hip resurfacing arthroplasty may be considered not medically necessary when any of the following criteria have been met:
3.5. Partial Hip Arthroplasty (Replacement)

3.5.1. Partial hip arthroplasty is considered medically necessary in patients who have a femoral neck or head fracture that is not amenable to internal fixation.

3.5.2. Partial hip arthroplasty may be considered medically necessary when all of the following criteria have been met:

- Patient has chronic severe, disabling pain for at least six (6) months in duration and a documented loss of hip function secondary to osteoarthritis to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment; and
- Patient is at least 50 years of age; and
- ; and
• Patient has undergone a reasonable course of non-surgical care (e.g., ice, relative rest/activity modification, weight loss, bracing, medications (e.g., anti-inflammatories), injections (steroid) and/or physical therapy).

3.5.3. Partial hip arthroplasty may be considered medically necessary in elderly patients over 65 years of age who have suffered a non-displaced intracapsular fracture where surgical fixation is not considered a reasonable option.

3.5.4. Partial hip arthroplasty may be considered medically necessary in patients who have suffered an impacted fracture, partially displaced fracture, completely displaced or comminuted fracture of the femoral neck where conservative management or surgical fixation is not considered a reasonable option.

3.5.5. Partial hip arthroplasty may be considered not medically necessary when any of the following criteria have been met:

• Patient has an active local or systemic infection; or
• Patient has any 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); or
• Patient demonstrates a loss of musculature, neuromuscular compromise or vascular deficiency in the affected limb, rendering the procedure unjustifiable; or
• Patient demonstrates severe instability secondary to advanced loss of osteochondral structure.

3.6. Total Hip Arthroplasty (Replacement)

3.6.1 Total hip arthroplasty may be considered medically necessary when all of the following criteria have been met:

• Patient has chronic severe, disabling pain for at least six (6) months in duration and a documented loss of hip function secondary to osteoarthritis to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment; and

• Patient is at least 50 years of age; and
• Patient has undergone a reasonable course of non-surgical care (e.g., ice, relative rest/activity modification, weight loss, medications (e.g., anti-inflammatories), injections (steroid) and/or physical therapy) for at least three (3) months in duration.

3.6.2. Based on the increased risk of serious complications (cardiac complications, pulmonary complications, and mortality) simultaneous bilateral total hip replacement remains may be considered not medically necessary.

3.7. Total Hip Revision

3.7.1 Total Hip Revision may be considered medically necessary when the following criteria have been met:

• Patient has previously undergone a partial or total hip arthroplasty and has developed chronic severe, disabling pain and a documented loss of hip function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment; and

• Patient demonstrates one of the following:
  – Recurrent prosthetic dislocation not responsive to a reasonable course of non-surgical care; or
  – Instability of the components; or
  – Aseptic loosening; or
  – Infection; or
  – Periprosthetic fracture; or
  – Persistent hip pain of unknown etiology not responsive to a period of non-surgical care for six (6) months.

3.7.2 Total Hip Revisions may be considered not medically necessary when any of the following criteria have been met:

• Patient has an active local or systemic infection; or
• Patient has any 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); or

- Patient demonstrates a loss of musculature (in particular hip abductor musculature), neuromuscular compromise or vascular deficiency in the affected limb, rendering the procedure unjustifiable; or

- Patient demonstrates osteoporosis or other osseous abnormalities which would make the likelihood of a poor outcome more probable; or

- Patient demonstrates poor skin coverage; or

- Patient demonstrates severe instability secondary to advanced loss of osteochondral structure.

4. References

4.1. Scientific:

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding hip arthroplasty and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


- Amstutz H, Ball S, Le Duff M, Dorey F. Resurfacing THA for Patients Younger Than 50 Years: Results of 2- to 9-year Follow-up. *Clin Orthop Relat Res.* 2007 Jul;460:159-64.


• BlueCross BlueShield Association (BCBSA), Technology Evaluation Center (TEC). Metal-on-metal total hip resurfacing. *TEC Assessment Program*. Chicago, IL: BCBSA; June 2007;22(3).


4.2. Related Triad Medical Policies:
• **TMMP 18 – Medical Necessity**

### CPT Codes

This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27120</td>
<td>Acetabuloplasty (e.g., Whitman, Colonna, Haygroves, or cup type).</td>
</tr>
<tr>
<td>27122</td>
<td>Acetabuloplasty, resection, femoral head (e.g., Girdlestone procedures).</td>
</tr>
<tr>
<td>27125</td>
<td>Hemiarthroplasty, hip partial (e.g., stem prosthesis, bipolar arthroplasty).</td>
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<tr>
<td>27130</td>
<td>Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft.</td>
</tr>
<tr>
<td>27132</td>
<td>Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft.</td>
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<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>27090</td>
<td>Removal of hip prosthesis; (separate procedure).</td>
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<tr>
<td>27091</td>
<td>Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer.</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.
## Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>01/07/2015</td>
<td>Level 1, 2, 3</td>
<td>“Patient is considered morbidly obese (BMI over 40)” removed from §3.3.2., §3.4.2., §3.5.2., and §3.6.1.</td>
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<tr>
<td>02/19/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>03/03/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.3.1. 1\textsuperscript{st} bullet, changed six (6) months to three (3) months. §3.3.2. removed 7\textsuperscript{th} bullet ‘patient has moderate to severe renal insufficiency; or’. §3.3.2. removed 9\textsuperscript{th} bullet ‘patient is receiving high doses of corticosteroids; or’.</td>
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<tr>
<td>03/27/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Added CPT code table.</td>
</tr>
<tr>
<td>03/09/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review: No changes.</td>
</tr>
<tr>
<td>12/24/2009</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.