

## Medical Policy

Total Hip Arthroplasty	
<b>MEDICAL POLICY NUMBER</b>	MED_Clin_Ops_008
<b>ORIGINAL EFFECTIVE DATE</b>	August 1, 2018
<b>CURRENT VERSION EFFECTIVE DATE</b>	June 16, 2022
<b>APPLICABLE PRODUCT AND MARKET</b>	<i>Individual Family Plan: All Plans Small Group: All Plans Medicare Advantage: All Plans</i>

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### PURPOSE

The purpose of this policy is to establish the clinical review criteria that support the determination of medical necessity for Total Hip Arthroplasty.

### POLICY

#### **Clinical Review Criteria**

#### **I. TOTAL HIP ARTHROPLASTY RELATED TO FRACTURE**

- A.** Prior Authorization is **NOT** required when Total Hip Arthroplasty is part of the care of an acute fracture.

#### **II. CRITERIA FOR ELECTIVE TOTAL HIP ARTHROPLASTY**

##### **A. Elective Primary Total Hip Arthroplasty**

Prior Authorization is required for elective Primary Total Hip Arthroplasty and may be authorized if **ALL** of the following criteria are met:

- 1) If the BMI is greater than 35, but less than 40, failure of a concerted effort to lose

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weight AND documentation that the surgeon has considered the risks of overweight.

- 2) Documentation in the medical record of tobacco and nicotine status indicating the following:
  - a. The individual is a non-tobacco and non-nicotine user.
  - b. The individual has been tobacco-free for a minimum of six (6) weeks prior to the date of the prior authorization request.
- 3) **ANY** of the following indications are present:
  - a. Primary and secondary tumors of the proximal femur.
  - b. Failed previous hip fracture fixation.
  - c. Avascular necrosis (osteonecrosis) with unresponsive severe pain.
  - d. Joint damage or destruction due to osteoarthritis, inflammatory disease, or other chronic condition when **ALL** the following requirements have been met:
    - i. Presence of significant radiographic findings, including hip joint destruction, severe narrowing, bone deformities, and osteonecrosis, from imaging done in the 12 months prior to the authorization request.
    - ii. Limited range of motion, antalgic gait, and disabling pain of at least six (6) months' duration.
    - iii. Pain with passive internal or external rotation.
    - iv. At least three (3) months of non-surgical conservative management that has failed to improve symptoms (for example, ice, rest/activity modification, weight loss, bracing, medications [anti-inflammatories], injections [steroid], or physical therapy  
OR  
The individual is unable to complete conservative non-surgical treatments and specific reasons are documented in the medical records.
    - v. Functional limitation secondary to hip pathology interferes with the ability to carry out daily activities.

### B. Elective Revision Total Hip Arthroplasty

Prior Authorization is required for elective Revision Total Hip Arthroplasty and may be authorized if **ALL** of the following criteria are met:

- 1) If the BMI is greater than 35, but less than 40, failure of a concerted effort to lose weight AND documentation that the surgeon has considered the risks of overweight.
- 2) Documentation in the medical record of tobacco and nicotine status indicating the following:
  - a. The individual is a non-tobacco and non-nicotine user.

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- b. The individual has been tobacco-free for a minimum of six (6) weeks prior to the date of the prior authorization request.
- 3) **ANY** of the following indications apply:
- a. Adverse local tissue or systemic reaction to previous metal implant.
  - b. Component instability, loosening, fracture of implant or other mechanical failure (for example, recurrent or irreducible dislocation, periprosthetic fracture).
  - c. Previous removal of prosthesis due to infection or catastrophic failure.
  - d. Progressive and substantial bone loss causing failure of the previous implant.
  - e. Recurrent disabling pain or significant functional disability that persists despite at least three (3) months of conservative management (for example, ice, rest/activity modification, weight loss, bracing, medications [anti-inflammatories], injections [steroid], or physical therapy) in conjunction with either of the following:
    - i. Antalgic gait.
    - ii. Abnormal findings confirmed by plain radiography or imaging studies such as implant malposition or impingement.

### III. **EXCLUSIONS AND CONTRAINDICATIONS**

- A. Contraindications to Total Hip Arthroplasty include **ANY** of the following:
- 1) BMI > 40
  - 2) Active (untreated or failed treatment) infection of the hip joint.
  - 3) Active skin infection or open wounds within the planned surgical site of the hip.
  - 4) Permanent or irreversible muscle weakness in the absence of pain that prevents ambulation.
  - 5) Paraplegia or Quadraplegia.
  - 6) Allergy to components of the implant (for example, cobalt, chromium, or alumina).
  - 7) Rapidly progressive neurological disease except in the clinical situation of a concomitant displaced femoral neck fracture.
  - 8) Severe cardiopulmonary disease.
  - 9) Anemia.
  - 10) Malnutrition.
  - 11) Active urinary tract infection.
  - 12) Active dental infection.
  - 13) Systemic infection.

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14) Skeletal immaturity.

B. Bright Health considers **ANY** of the following investigative and will not be authorized:

- 1) Measurement of synovial C-reactive protein, and the alpha-defensin test (Synovasure) as a marker for peri-prosthetic infection.
- 2) MAKOplasty/MAKO Tactile Guidance System.

### BACKGROUND

Normally, the hip functions as a “ball-and-socket” joint. The top of the thigh (femur) bone (ball) fits into a part of the pelvis called the acetabulum (socket), allowing the joint to move smoothly in multiple directions.

Total hip arthroplasty, also referred to as total hip replacement, involves removal of the femoral head and acetabulum and placement of a prosthesis anchored to the bone. Total hip arthroplasty is a reconstructive procedure that has improved the management of those diseases of the hip joint that have responded poorly to conventional medical therapy. Numerous implants composed of various biomaterials have been approved by the U.S. Food and Drug Administration (FDA) for use in hip arthroplasty. The goal of the procedure is long-term pain relief and restoration of function.

Degenerative joint disease, or osteoarthritis, is the most common condition leading to the need for total hip arthroplasty. Other conditions that may also cause significant hip joint damage include neoplasm, femoral fracture, avascular necrosis (osteonecrosis), inflammatory arthritis (for example, rheumatoid arthritis) and developmental hip dysplasia.

### DEFINITIONS

- 1) **Authorization** A decision by Bright Health that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary or meets other member contract terms. Sometimes called prior authorization, prior approval, or precertification. Bright Health requires preauthorization for certain services before a member receives them, except in an emergency. Authorization is not a promise that Bright Health will cover the cost.
- 2) **Nonsurgical management:** is typically used to treat early arthritis. The purpose of treatment is to reduce pain, increase function and generally reduce symptoms. Nonsurgical treatments fall into the following major categories:
  - Lifestyle modification, including weight loss and minimizing activities that aggravate the condition.
  - Exercise including flexibility and muscle strengthening exercises and supervised physical therapy.
  - Assistive devices, such as canes, crutches, walkers, and knee braces.
  - Drug treatment, including over-the-counter analgesics, anti-inflammatory medications, intra-articular steroids, and hyaluronic acid derivative injection.

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- Other conservative measures such as applications of heat or ice, water exercises, liniments, or elastic support bandages.
- 3) Osteoarthritis (OA)** is the most common form of hip arthritis. OA is usually a slowly progressive degenerative disease in which the joint cartilage gradually wears away. It most often affects middle-aged and older people. It is also known as degenerative joint disease (DJD).
  - 4) Osteonecrosis** is the destruction of bone tissue due to ischemia (disruption of the blood supply), infection, malignant disease, or trauma.
  - 5) Post-traumatic arthritis** can develop after an injury to the hip. This type of arthritis is like osteoarthritis and may develop years after a fracture, ligament injury, or meniscus tear.
  - 6) Rheumatoid arthritis (RA)** is an inflammatory type of arthritis that can destroy the joint cartilage. RA can occur at any age. RA generally affects both hips.
  - 7) Tobacco/Nicotine** products can result in nicotine addiction and health problems, including a negative effect on bone healing. This includes delayed unions, non-unions, and other complications (e.g., decreased blood flow; wound complications). Products containing nicotine include, but are not limited to:
    - Smoked tobacco (e.g., cigarettes, cigars, cigarillos, pipe tobacco).
    - Smokeless tobacco (e.g., chewing tobacco, snuff).
    - Nicotine replacements (e.g., patches, gum, nasal spray, inhalers).

## CODING CPT CODES

27125, 27130, 27132, 27134, 27137, 27138

## EVIDENCE BASED REFERENCES

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evidence following systematic cumulative update of research published through January 2009." Osteoarthritis and Cartilage 18.4 (2010): 476-499.

#### POLICY HISTORY

Original Effective Date	August 2, 2018
Revised Date	December 18, 2018 – noted that policies apply to new 2019 markets May 3, 2019 – edits made to radiology language February 1, 2020 – updated policy to include appropriate 2020 markets December 20, 2020 – Small Group added as applicable product June 17, 2021 – Clarified documentation requirements June 16, 2022 – Annual Review

Approved by the Utilization Management Committee