

Hip Resurfacing and Replacement Surgery (Arthroplasty)

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[Instructions for Use](#)

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Community Plan Policy
<ul style="list-style-type: none"> Hip Resurfacing and Replacement Surgery (Arthroplasty)
Medicare Advantage Coverage Summary
<ul style="list-style-type: none"> Joints and Joint Procedures

Coverage Rationale

Hip Replacement Surgery (Arthroplasty)

Hip replacement surgery (arthroplasty) is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, see the following MCG™ Care Guidelines, 24th edition, 2020:

- Hip Arthroplasty, S-560 (ISC)
- Hip: Displaced Fracture of Femoral Neck, Hemiarthroplasty, S-600 (ISC)

Click [here](#) to view the MCG™ Care Guidelines.

Hip Resurfacing Arthroplasty

Hip resurfacing is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, see MCG™ Care Guidelines, 24th edition, 2020, Hip Resurfacing, S-565 (ISC).

Click [here](#) to view the MCG™ Care Guidelines.

Documentation Requirements

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

CPT Codes*	Required Clinical Information
Acetabuloplasty and Displaced Fracture of Femoral Neck, Hemi-Arthroplasty	
27120	Medical notes documenting the following, when applicable: <ul style="list-style-type: none"> • Upon request, we may require the specific diagnostic image(s) that show the abnormality for which surgery is being requested, which may include MRI, CT scan, X-ray, and/or bone scan; consultation with requesting surgeon may be of benefit to select the optimal images <ul style="list-style-type: none"> ○ Note: When requested, diagnostic image(s) must be labeled with:
27122	
27125	

CPT Codes*	Required Clinical Information
Acetabuloplasty and Displaced Fracture of Femoral Neck, Hemi-Arthroplasty	
	<ul style="list-style-type: none"> ▪ The date taken ▪ Applicable case number obtained at time of notification or member's name and ID number on the image(s) ○ Upon request, diagnostic imaging must be submitted via the external portal at www.uhcprovider.com/paan; faxes will not be accepted ● Diagnostic imaging report(s) ● Condition requiring procedure ● Severity of pain and details of functional disability(ies) interfering with activities of daily living (preparing meals, dressing, driving, walking) using either of the following standard scales: <ul style="list-style-type: none"> ○ The Western Ontario and McMaster Universities Arthritis Index (WOMAC) or ○ The Hip Dysfunction and Osteoarthritis Outcome Score (HOOS) ● Physician's treatment plan, including pre-op discussion ● Pertinent physical examination of the relevant joint ● Co-morbid medical conditions ● Therapies tried and failed of the following, including dates: <ul style="list-style-type: none"> ○ Orthotics ○ Medications/injections ○ Physical therapy ○ Surgery ○ Other pain management procedures ● If the location is being requested as an inpatient stay, provide medical notes to support at least one of the following: <ul style="list-style-type: none"> ○ Surgery is bilateral ○ Member has significant co-morbidities; include the list of comorbidities and current treatment ○ Member does not have appropriate resources to support post-operative care after an outpatient procedure; include the barriers to care as an outpatient
Hip Arthroplasty	
<p>27130</p> <p>27132</p> <p>27134</p> <p>27137</p> <p>27138</p>	<p>Medical notes documenting the following, when applicable:</p> <ul style="list-style-type: none"> ● Upon request, we may require the specific diagnostic image(s) that show the abnormality for which surgery is being requested, which may include MRI, CT scan, X-ray, and/or bone scan; consultation with requesting surgeon may be of benefit to select the optimal images <ul style="list-style-type: none"> ○ Note: When requested, diagnostic image(s) must be labeled with: <ul style="list-style-type: none"> ▪ The date taken ▪ Applicable case number obtained at time of notification or member's name and ID number on the image(s) ○ Upon request, diagnostic imaging must be submitted via the external portal at www.uhcprovider.com/paan; faxes will not be accepted ● Diagnostic imaging report(s) ● Condition requiring procedure ● Severity of pain and details of functional disability(ies) interfering with activities of daily living (preparing meals, dressing, driving, walking) using either of the following standard scales: <ul style="list-style-type: none"> ○ The Western Ontario and McMaster Universities Arthritis Index (WOMAC) or ○ The Hip Dysfunction and Osteoarthritis Outcome Score (HOOS) ● Physician's treatment plan, including pre-op discussion ● Pertinent physical examination of the relevant joint ● Co-morbid medical conditions (cardiovascular diseases, hypertension, diabetes, cancer, pulmonary diseases, neurodegenerative diseases) ● Therapies tried and failed of the following, including dates: <ul style="list-style-type: none"> ○ Orthotics ○ Medications/injections ○ Physical therapy

CPT Codes*	Required Clinical Information
Hip Arthroplasty	<ul style="list-style-type: none"> ○ Surgical ○ Other pain management procedures ● Documentation that more conservative measures have been considered (e.g., osteotomy, hemiarthroplasty) or that the member has failed or is not a candidate for more conservative measure (e.g., osteotomy, hemiarthroplasty) ● Date of failed previous hip fracture fixation, if applicable ● If the location is being requested as an inpatient stay, provide medical notes to support at least one of the following: <ul style="list-style-type: none"> ○ Surgery is bilateral ○ Member has significant co-morbidities; include the list of comorbidities and current treatment ○ Member does not have appropriate resources to support post-operative care after an outpatient procedure; include the barriers to care as an outpatient ● For revision surgery, include documentation of the complication and complete (staged) surgical plan
Additional Clinical Information	
Note: Device information is not utilized in prior authorization determinations.	
<p>Provide the following details on the device you intend to use during the procedure:</p> <ul style="list-style-type: none"> ● Specify which implant brand or manufacturer to be used: <ul style="list-style-type: none"> ○ Arthrex ○ BioMet ○ Conformis ○ Consensus ○ DePuy Synthes ○ DJO Surgical ○ MicroPort ○ Smith & Nephew ○ Stryker ○ Zimmer ○ Other (include name and reason for this selection) ● Provide the fixation type from the following: <ul style="list-style-type: none"> ○ Cemented ○ Cemented with antibiotic impregnated ○ Non-cemented ○ Other (if another fixation type, then explain) ○ Cannot identify fixation prior to procedure 	

*For code descriptions, see the [Applicable Codes](#) section.

Definitions

Disabling Pain: Western Ontario and McMaster Universities Arthritis Index (WOMAC) pain domain > 40. (Quintana, 2009)

Functional Disability: Western Ontario and McMaster Universities Arthritis Index (WOMAC) functional limitation domain > 40. (Quintana, 2009)

Hip Dysfunction and Osteoarthritis Outcome Score (HOOS): The Hip disability and Osteoarthritis Outcome Score (HOOS) is a self-administered hip-specific questionnaire intended to evaluate symptoms and functional limitations, and it is commonly used to evaluate interventions in individuals with hip dysfunction or hip osteoarthritis. The HOOS consists of 43 questions in five subscales: pain, symptoms, function in daily living, function in sport and recreation and hip-related quality of life. (Nilsdotter, 2011)

Significant Radiographic Findings: Kellgren-Lawrence classification of osteoarthritis grade 3 or 4 – with 3 defined as: definite narrowing of joint space, moderate osteophyte formation, some sclerosis, and possible deformity of bony ends; or 4, defined as: large osteophytes, marked joint space narrowing, severe sclerosis, definite bone ends deformity. (Kohn et al., 2016; Keurentjes et al., 2013; Tilbury et al., 2016)

Western Ontario and McMaster Universities Arthritis Index (WOMAC): The WOMAC is a disease-specific, self-administered questionnaire developed to evaluate patients with hip or knee osteoarthritis. It uses a multi-dimensional scale composed of 24 items grouped into three dimensions: pain, stiffness and physical function. (Quintana, 2009)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
27120	Acetabuloplasty; (e.g., Whitman, Colonna, Haygroves, or cup type)
27122	Acetabuloplasty; resection, femoral head (e.g., Girdlestone procedure)
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 Code	Description
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Hip replacement surgery is a procedure and therefore is not regulated by the FDA. However, devices and instruments used during the surgery require FDA approval. Several devices have FDA approval. Additional information (product code MEH, JDI, JDG, LWJ, LPH, LZO, KWY, KWA) is available at: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed January 19, 2020)

Total hip resurfacing systems are approved by the FDA Premarket Approval (PMA) process. Additional information (product code NXT) is available at: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma.cfm>. (Accessed January 19, 2020)

In January 2013, the FDA issued a safety communication regarding the ongoing concern related to adverse events associated with increased blood levels of cobalt and chromium following implant of MoM systems. The communication acknowledged reports in the medical literature of the potential for systemic effects of elevated metal ion levels resulting from device wear in MoM hip. At this time, however, the current body of evidence is insufficient to identify any specific metal ion levels that would cause adverse effects. (FDA, 2013)

Centers for Medicare and Medicaid Services (CMS)

Medicare does not have a National Coverage Determination (NCD) for hip replacement surgery and hip resurfacing arthroplasty. Local Coverage Determinations (LCDs) exist; see the LCDs for [Lower Extremity Major Joint Replacement \(Hip and Knee\)](#), [Major Joint Replacement \(Hip and Knee\)](#), [Total Hip Arthroplasty](#) and [Total Joint Arthroplasty](#). (Accessed January 21, 2020)

References

- Keurentjes JC, Fiocco M, So-Osman C, et al. Patients with severe radiographic osteoarthritis have a better prognosis in physical functioning after hip and knee replacement: a cohort-study. *PLoS One*. 2013;8(4):e59500.
- Kohn MD, Sassoon AA, Fernando ND. Classifications in Brief: Kellgren-Lawrence Classification of Osteoarthritis. *Clin Orthop Relat Res*. 2016 Aug;474(8):1886-93.
- Nilsdotter A, Bremander A. Measures of hip function and symptoms: Harris Hip Score (HHS), Hip Disability and Osteoarthritis Outcome Score (HOOS), Oxford Hip Score (OHS), Lequesne Index of Severity for Osteoarthritis of the Hip (LISOH), and American Academy of Orthopedic Surgeons (AAOS) Hip and Knee Questionnaire. *Arthritis Care Res (Hoboken)*. 2011;63 Suppl 11:S200-S207.
- Quintana JM, Bilbao A, Escobar A, et al. Decision trees for indication of total hip replacement on patients with osteoarthritis. *Rheumatology (Oxford)*. 2009 Nov;48(11):1402-9.
- Tilbury C, Holtslag MJ, Tordoir RL, et al. Outcome of total hip arthroplasty, but not of total knee arthroplasty, is related to the preoperative radiographic severity of osteoarthritis. A prospective cohort study of 573 patients. *Acta Orthop*. 2016 Feb;87(1):67-71.

Policy History/Revision Information

Date	Summary of Changes
12/01/2020	<p>Documentation Requirements</p> <ul style="list-style-type: none">Updated list of applicable documentation requirements; modified language addressing severity of pain and functional disability(ies) to indicate one of the following standard scales must be used:<ul style="list-style-type: none">Hip Dysfunction and Osteoarthritis Outcome Score (HOOS)Western Ontario and McMaster Universities Arthritis Index (WOMAC) <p>Definitions</p> <ul style="list-style-type: none">Added definition of:<ul style="list-style-type: none">Hip Dysfunction and Osteoarthritis Outcome Score (HOOS)Western Ontario and McMaster Universities Arthritis Index (WOMAC) <p>Supporting Information</p> <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version 2020T0503T

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS

allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.