

Surgery of the Hip

Policy Number: 2021T0503W
Effective Date: July 1, 2021

[Instructions for Use](#)

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Community Plan Policy
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Coverage Rationale

Surgery of the hip and surgical treatment for femoroacetabular impingement (FAI) syndrome is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release, CP: Procedures:

- Arthroscopy, Diagnostic, +/- Synovial Biopsy, Hip
- Arthroscopy, Surgical, Hip (includes FAI)
- Arthrotomy, Hip
- Hemiarthroplasty, Hip
- Removal and Replacement, Total Joint Replacement (TJR), Hip
- Total Joint Replacement (TJR), Hip

Click [here](#) to view the InterQual® criteria.

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 27122 27125	<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

CPT Codes*	Required Clinical Information
Acetabuloplasty and Displaced Fracture of Femoral Neck, Hemi-Arthroplasty	
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ 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 a standard scale, such as the: <ul style="list-style-type: none"> ○ <i>Western Ontario and McMaster Universities Arthritis Index (WOMAC)</i> or ○ <i>Hip Dysfunction and Osteoarthritis Outcome Score (HOOS)</i> ● 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 <ul style="list-style-type: none"> ▪ 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 a standard scale, such as the: <ul style="list-style-type: none"> ○ <i>Western Ontario and McMaster Universities Arthritis Index (WOMAC)</i> or ○ <i>Hip Dysfunction and Osteoarthritis Outcome Score (HOOS)</i> ● 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 ○ Surgical ○ Other pain management procedures

CPT Codes*	Required Clinical Information
Hip Arthroplasty	
	<ul style="list-style-type: none"> 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
Femoroacetabular Impingement (FAI) Syndrome	
29914	Medical notes documenting all of the following:
29915	<ul style="list-style-type: none"> Proposed procedure
29916	<ul style="list-style-type: none"> Condition requiring procedure Associated co-morbidities Medical/surgical therapies tried and failed Member's degree of pain and functional disability Radiographic reports

*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 (Nilsson, 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
Arthroscopy, Diagnostic, +/- Synovial Biopsy, Hip	
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
Arthroscopy, Surgical, Hip	
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863	Arthroscopy, hip, surgical; with synovectomy
Arthrotomy, Hip	
27120	Acetabuloplasty; (e.g., Whitman, Colonna, Haygroves, or cup type)
27122	Acetabuloplasty; resection, femoral head (e.g., Girdlestone procedure)
Hemiarthroplasty, Hip	
27125	Hemiarthroplasty, hip, partial (e.g., femoral stem prosthesis, bipolar arthroplasty)
Removal and Replacement, Total Joint Replacement (TJR), Hip	
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
Femoroacetabular Impingement (FAI) Syndrome	
27299	Unlisted procedure, pelvis or hip joint
29914	Arthroscopy, hip, surgical; with femoroplasty (i.e., treatment of cam lesion)
29915	Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)
29916	Arthroscopy, hip, surgical; with labral repair
29999	Unlisted procedure, arthroscopy

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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.

Surgeries of the hip are procedures and, therefore, not regulated by the FDA. However, devices and instruments used during the surgery may require FDA approval. See the following website for additional information:

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed July 27, 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
07/01/2021	Coverage Rationale <ul style="list-style-type: none">Replaced reference to “InterQual® 2020” with “InterQual® 2021” Supporting Information <ul style="list-style-type: none">Archived previous policy version 2021T0503V

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 InterQual® criteria, 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.