Hip Resurfacing and Replacement Surgery (Arthroplasty) (for Louisiana Only)

Policy Number: CS056LA.L
Effective Date: July 1, 2021

Instructions for Use

Table of Contents Page

Application

This Medical Policy only applies to the state of Louisiana.

Coverage Rationale

Hip Replacement Surgery (Arthroplasty) and Hip Resurfacing Arthroplasty

Hip replacement surgery (arthroplasty) and Hip Resurfacing Arthroplasty are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, see the following InterQual® 2021, Apr. 2021 Release, CP: Procedures:

- Hemiarthroplasty, Hip
- Removal and Replacement, Total Joint Replacement (TJR), Hip
- Total Joint Replacement (TJR), Hip

Click here to view the InterQual® criteria.

Documentation Requirements

Acetabuloplasty and Displaced Fracture of Femoral Neck, Hemi-Arthroplasty

Provide medical notes documenting the following:

- Specific diagnostic image(s) that shows 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 image(s)
  - Note: Diagnostic images must be labeled with the:
    - Date taken
    - Applicable case number obtained at time of notification, or the member's name and ID number on the image(s)
  - Submission of diagnostic imaging is required 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; 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:
  - 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:
  - 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

Provide medical notes documenting the following:

- Specific diagnostic image(s) that shows 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 image(s)
  - Note: Diagnostic images must be labeled with the:
    - Date taken
    - Applicable case number obtained at time of notification, or the member's name and ID number on the image(s)
  - Submission of diagnostic imaging is required 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; 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:
  - Orthotics
  - Medications/injections
  - Physical therapy
  - Surgical
  - Other pain management procedures
- 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:
  - 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

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 federal, state, or contractual requirements 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

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 is available at (product

code MEH, JDI, JDG, LWJ, LPH, LZO, KWY, and KWA): 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 is available at (product code NXT): 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).

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 • Replaced reference to “InterQual® 2020” with “InterQual® 2021” Supporting Information • Archived previous policy version CS056LA.K

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. 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.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The 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.