KAISER PERMANENTE®

Kaiser Foundation Health Plan of Washington

Clinical Review Criteria

Total Hip Arthroplasty

- Inpatient Hip Arthroplasty Indications (Level of Care)
- Hip Arthroplasty Medical Necessity Criteria

Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	Total Hip Arthroplasty (L36573)— *Not subject to medical necessity review, refer to Inpatient versus Ambulatory/Outpatient Level of Care for inpatient requests of code 27130* ***Effective 01/01/2022*—The following codes are listed in the Medicare inpatient list and should not be reviewed for ambulatory or outpatient status (*Level of care)* for Medicare members: 27132, 27134, 27137, and 27138.**
Local Coverage Article (LCA)	Billing and Coding: Total Hip Arthroplasty (A57684)
MLN Matters Article	Jan 2020 MLN Article: Update of the Hospital Outpatient Prospective Payment System (OPPS) - Topic 5. Changes to the Inpatient-Only list (IPO) for CY 2020

For Non-Medicare Members

I. Level of Care

Inpatient Total Hip Arthroplasty (for ambulatory/outpatient requests, proceed to II.)

A. For Elective total hip replacement (27130) or revision of total hip arthroplasty (27132**, 27134**, 27137**, or 27138**) to be approved as *inpatient,* **ONE of the following** criteria must be met:

1. Bilateral total hip; **OR**

2. Coexisting neurologic condition (such as multiple sclerosis, hemiparesis, severe Parkinson's, or other neurologic conditions that would likely seriously affect ambulation) where the expected length of stay is planned to be longer than 2 midnights; **OR**

3. Meets indications on the Elective Surgical Procedure Level of Care policy

AND, if the patient qualifies for inpatient status, must also meet the following:

II. All total hip arthroplasties (ambulatory & inpatient) are medically necessary when the following criteria are met

**Preauthorization is not required for acute fractures admitted through the emergency department.*

Member has advanced joint disease demonstrated by:

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- Pain and functional disability that interferes with activities of daily living (ADLs) from injury due to osteoarthritis, rheumatoid arthritis, avascular necrosis, or post -traumatic arthritis of the hip joint; *and*
- Limited range of motion (ROM), antalgic gait, and pain in hip joint with passive ROM on physical examination; ***AND*** **meet one of the following categories**

1. **Arthritis, Degenerative Hip Disease**
   Meets criteria above AND
   A. Radiographic or imaging evidence (performed within the prior 12 months) of moderate/severe osteoarthritis; Xray findings should include one of the following:
      - Subchondral cysts
      - Subchondral sclerosis
      - Periarticular osteophytes
      - Joint subluxation
      - Bone on bone articulation
      - Moderate/Severe joint space narrowing
      - Tönnis Grade 2 or 3 Osteoarthritis

Table 1.

Tönnis grading scale of hip osteoarthritis

Table 1. Tönnis grading scale of hip osteoarthritis

Grade	Radiographic features
0	- No signs of osteoarthritis
1	- Slight narrowing of joint space - Slight lipping at joint margin - Slight sclerosis of the femoral head or acetabulum
2	- Small cysts in the femoral head or acetabulum - Increasing narrowing of joint space - Moderate loss of sphericity of the femoral head
3	- Large cysts - Severe narrowing or obliteration of joint space - Severe deformity of the femoral head - Avascular necrosis

AND

B. Documentation of failure of non-surgical conservative management of **ALL** of the following:
   i. Anti-inflammatory medication ≥ 3 weeks, one or more of the following:
      - Non-steroidal anti-inflammatory drugs (oral or topical), unless contraindicated
      - Acetaminophen
      - Intra-articular injection of corticosteroids as appropriate
   ii. A trial of Physical Therapy in the last 12 months, which should include some of the following features:
      - Supervised Physical therapy, attendance at >75% of sessions, minimum of 3 visits
      - Flexibility and muscle strengthening exercises
      - Reasonable restriction of activities (activity or weightbearing modification or use of an assistive device)
        *If conservative therapy is not appropriate, the medical record must clearly document why such approach is not reasonable. Appropriate exemptions may include:
        - Rapid progression or advancement of radiographic arthritic severity
        - Rapid or progressive flexion contraction
        - Medical or social confounding factors precluding the safety or feasibility of conservative treatment

AND

C. All patients who meet the above criteria to undergo standard elective surgery must also meet **ALL** of the following:

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i. BMI < 35: if BMI is > 35, optimization efforts must be documented, demonstrating active attempts towards weight loss as shown by sustained weight loss over 3-6 months OR stagnant weights despite documented active participation in a weight loss or exercise program. Formal nutritional counseling must be documented. If optimization attempts are unsuccessful, the surgeon and patient may proceed if there is documentation of understanding of the risks through shared decision making. However, BMI > 40 is a relative contraindication. Despite not achieving this BMI, if the provider has documented adequate efforts to improve these parameters, the case will be reviewed on a case-by-case basis by a medical director.

ii. No diabetes, or diabetes with HbA1c < 7.5 (with the presence of heart disease, no lower than 7.5). Members who have an A1C >7.5 must actively be involved with medical management and demonstrate a reduction in A1c over 3-6 months. If optimization attempts are unsuccessful, the surgeon and patient may proceed if there is documentation of understanding of the risks through shared decision making. A1c > 8.0 is a relative contraindication. Despite not achieving this A1c, if the provider has documented adequate efforts to improve these parameters, the case will be reviewed on a case-by-case basis by a medical director.

iii. Members who use nicotine/tobacco must be actively involved in a nicotine cessation program and must be nicotine/tobacco-free for a minimum of 30 days prior to surgery or have a 90% reduction in nicotine/tobacco use. If nicotine/tobacco reduction attempts are unsuccessful, the surgeon and patient may proceed if there is documentation of understanding of the risks through shared decision making. No changes in nicotine/tobacco use is a relative contraindication.

2. **Avascular Necrosis**
Radiographic or imaging evidence by plain film or MRI shows Avascular Vascular Necrosis/ bone infarct:
   - Can proceed directly with surgery

3. **Inflammatory Arthritis** (may include but not limited to: Rheumatoid Arthritis, Psoriatic Arthritis, Spondyloarthropathy, pseudogout/Gout, Lupus, Non-DJD arthritis, Hemophilia related arthritis, among others)

   A. Patient actively being followed by Rheumatology and has been judged to have exhausted all nonsurgical options including DMARDs
   B. Radiographic or imaging evidence (performed within the prior 12 months) of moderate/severe osteoarthritis; Xray findings should include one of the following:
      - Subchondral cysts
      - Subchondral sclerosis
      - Periarticular osteophytes
      - Joint subluxation
      - Bone on bone articulation
      - Moderate/Severe joint space narrowing
   C. Documentation of failure of non-surgical conservative management of **ALL** of the following:
      i. A trial of Physical Therapy in the last 12 months, which should include some of the following features:
         - Supervised Physical therapy, attendance at >75% of sessions, minimum of 3 visits
         - Flexibility and muscle strengthening exercises
         - Reasonable restriction of activities (activity or weightbearing modification or use of an assistive device)
           *If conservative therapy is not appropriate, the medical record must clearly document why such approach is not reasonable. Appropriate exemptions may include:
           - Rapid progression or advancement of radiographic arthritic severity
           - Rapid or progressive flexion contraction
           - Medical or social confounding factors precluding the safety or feasibility of conservative treatment
   D. All patients who meet the above criteria to undergo standard elective surgery must also meet **ALL** of the following:

      i. BMI < 35: if BMI is > 35, optimization efforts must be documented, demonstrating active attempts towards weight loss as shown by sustained weight loss over 3-6 months OR stagnant weights despite documented active participation in a weight loss or exercise program. Formal nutritional counseling must be documented. If optimization attempts are unsuccessful, the surgeon and patient may

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4. **Replacement/Revision of previous Arthroplasty**

A. Hip arthroplasty may be considered medically necessary for a replacement/revision of a previous arthroplasty as indicated by **ANY** of the following:
- Aseptic loosening of one or more prosthetic components confirmed by imaging
- Bearing surface wear leading to symptomatic synovitis or local bone or soft tissue reaction
- Component instability
- Periprosthetic fracture
- Fracture, mechanical failure, or recall of a prosthetic component
- Periprosthetic infection
- Progressive or substantial periprosthetic bone loss
- Recurrent or irreducible dislocation
- Recurrent, disabling pain associated with clinically significant leg length inequality or audible noise

B. Conservative therapy not indicated

C. All patients who meet the above criteria to undergo standard elective surgery must also meet **ALL** of the following (**if the replacement is deemed urgent or time sensitive i-iii can be waived*):

i. BMI < 35: if BMI is > 35, optimization efforts must be documented, demonstrating active attempts towards weight loss as shown by sustained weight loss over 3-6 months OR stagnant weights despite documented active participation in a weight loss or exercise program. Formal nutritional counseling must be documented. If optimization attempts are unsuccessful, the surgeon and patient may proceed if there is documentation of understanding of the risks through shared decision making. However, BMI > 40 is a relative contraindication. Despite not achieving this BMI, if the provider has documented adequate efforts to improve these parameters, the case will be reviewed on a case-by-case basis by a medical director.

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iii. Members who use nicotine/tobacco must be actively involved in a nicotine cessation program and must be nicotine/tobacco-free for a minimum of 30 days prior to surgery or have a 90% reduction in nicotine/tobacco use. If nicotine/tobacco reduction attempts are unsuccessful, the surgeon and patient may proceed if there is documentation of understanding of the risks through shared decision making. No changes in nicotine/tobacco use is a relative contraindication.

5. **Other Conditions**

A. Hip arthroplasty may be considered medically necessary for **ANY** of the following clinical situations:
- Acute hip fracture by imaging

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- Conversion of previous surgeries of the hip due to progression of disease or failure. Scenarios include:
  - previous closed- or open-reduction and internal fixation of the femur or acetabulum (includes hip pinning)
  - intramedullary nail
  - hemiarthroplasty
  - hip resurfacing
  - hip fusion and resection arthroplasty ("Girdlestone")

B. Conservative therapy not indicated

6. **Situations where hip replacement is contraindicated:**
   A. Total hip arthroplasty is considered not appropriate when **ANY** of the following are present:
   - Active infection of the hip joint or active systemic bacteremia
   - Active skin infection (except for recurrent cutaneous staph infections) or open within the planned surgical site of the hip
   - Underlying medical/social issues such as:
     - Unstable angina
     - Dementia that interferes with successful rehabilitation
     - Lack of caregiver/unstable home situation for rehabilitation
   - Non-ambulatory patients

If requesting this service, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist
- If the orthopedist has a patient who does not meet one of the criteria above but has determined that the procedure should be performed in an inpatient setting, the orthopedist can submit a separate explanation with the request that will be reviewed by clinical staff on a case-by-case basis.
- If a patient is approved for ambulatory status under the prior authorization request but ends up staying longer than expected, the inpatient claim could be adjusted to inpatient if deemed appropriate.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

A total hip arthroplasty (aka total hip replacement, THA, THR) is one of the most common orthopedic surgeries currently performed. The surgical procedure involves removing damaged bone and cartilage of the hip joint and replacing it with a prosthetic implant. The hip joint consists of two main components: a ball (femoral head) which is the upper end of the femur (thighbone) and socket (acetabulum) which is part of the large pelvis bone. Total hip replacement surgery is most often performed due to severe pain caused by osteoarthritis (degenerative arthritis) of the hip joint that persists despite conservative treatment with non-steroidal anti-inflammatory medications, activity modification, or physical therapy. Pain from a damaged joint also limits a person's ability to carry out their everyday activities of living such as walking, bending, climbing stairs, bathing, and cooking. Other conditions that cause hip pain and loss of function that may result in the need of a total hip arthroplasty include rheumatoid arthritis, posttraumatic arthritis, avascular necrosis, and malignant tumors of the affected bones. The goal of a total hip arthroplasty is to provide pain relief and restore functional mobility and range of motion. KPWA will use commercial criteria and Medicare criteria to assure that this invasive procedure is being done appropriately to help assure both safety and efficacy.

Applicable Codes

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:
Total Hip:

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CPT® or HCPC Codes	Description
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

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

****To verify authorization requirements for a specific code by plan type, please use the **Pre-authorization Code Check**.

Date Created	Date Reviewed	Date Last Revised
01/19/2023	01/10/2023[MPC],	05/16/2023

[MPC] Medical Policy Committee

Revision History	Description
1/19/2023	MPC approved to adopt criteria for Total Hip Arthroplasty. Requires 60-day notice, effective date 06/01/2023.
02/06/2023	Add clarification on when Medicare IPO list of codes was updated 1/1/2022.
05/16/2023	Clarified Level of Care Requirement for Medicare and Non-Medicare Members

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