


MEDICAL POLICY

	LINE(S) OF BUSINESS Commercial	NUMBER GH-SUR-001	
	TITLE Total Hip Arthroplasty	FORMER NUMBER	
	EFFECTIVE DATE 01/01/2019	REVIEW CYCLE Annual	LAST REVISED 01/01/2020

1.0 CRITERIA

- 1.1 GlobalHealth considers a Food and Drug Administration (FDA) approved total hip arthroplasty prosthesis medically necessary for members when the following criteria are met:
- 1.1.1 Member meets **ALL** of the following safety requirements:
- 1.1.1.1 Body Mass Index less than 40 kg/m^{1,2}.
 - 1.1.1.2 Documented confirmation that patient is a nonsmoker, has refrained from smoking for at least 4 weeks prior to planned surgery, or has received counseling on the effects of smoking on surgical outcomes and treatment for smoking cessation if accepted^{3,4}.
 - 1.1.1.3 Hemoglobin A1c less than 8% in patients with diabetes⁵.
 - 1.1.1.4 Must be able to ambulate pre-operatively within the home and/or be expected to return to ambulation within 3 days post-operative with assistive device.
 - 1.1.1.5 Absence of an active, life-limiting condition that would likely cause death before recovery from surgery
 - 1.1.1.6 Development of a pre-operative plan for post-operative return to function
- 1.1.2 Member meets **1 or more** of the following
- 1.1.2.1 Degenerative joint disease as indicated by ALL of the following:
 - 1.1.2.1.1 Presence of significant radiographic findings (e.g., hip joint destruction, severe narrowing, bone deformities, osteonecrosis)
 - 1.1.2.1.2 Optimal medical management has been tried and failed with **1 or more** of the following:
 - 1.1.2.1.2.1 Oral non-steroidal anti-inflammatory drugs
 - 1.1.2.1.2.2 Topical non-steroidal anti-inflammatory drugs
 - 1.1.2.1.2.3 Acetaminophen
 - 1.1.2.1.2.4 Intra-articular injection of corticosteroids
 - 1.1.2.1.3 Patient has failed or is not candidate for more conservative measures (e.g., osteotomy, hemiarthroplasty).
 - 1.1.2.1.4 Treatment is needed because of 1 or more of the following:
 - 1.1.2.1.4.1 Disabling pain
 - 1.1.2.1.4.2 Functional disability
 - 1.1.2.2 Primary or secondary tumors involving proximal femur
 - 1.1.2.3 Osteonecrosis of femoral head
 - 1.1.2.4 Developmental dysplasia of hip
 - 1.1.2.5 Displaced fracture of femoral neck in patient without significant cognitive impairment
 - 1.1.2.6 Acetabular fracture

- 1.1.2.7 Pertrochanteric fracture and 1 or more of the following:
 - 1.1.2.7.1 Ipsilateral hip osteoarthritis
 - 1.1.2.7.2 Ipsilateral avascular necrosis of the femoral head
 - 1.1.2.7.3 Inflammatory arthritis
 - 1.1.2.7.4 Comminuted, significantly displaced, or unstable fracture
 - 1.1.2.7.5 Poor bone quality (e.g., thin cortices, wide intramedullary canal on imaging)
 - 1.1.2.7.6 Complication of internal fixation
 - 1.1.2.7.7 Neglected fracture
- 1.1.2.8 Failed previous hip fracture fixation
- 1.1.2.9 Revision of hip arthrodesis
- 1.1.2.10 Revision of previous arthroplasty or resurfacing indicated by 1 or more of the following:
 - 1.1.2.10.1 Instability of one or both components
 - 1.1.2.10.2 Fracture or mechanical failure of implant
 - 1.1.2.10.3 Recurrent or irreducible dislocation
 - 1.1.2.10.4 Infection
 - 1.1.2.10.5 Treatment of periprosthetic fracture
 - 1.1.2.10.6 Tissue or systemic reaction to metal implant
 - 1.1.2.10.7 Leg-length inequality

2.0 RESOURCES

- 2.1 Onggo, J., et al. (2019) Obesity is associated with greater risks of complications, infections and revisions in a total hip arthroplasty population of 2,190,824 patients: A meta-analysis and systematic review. *Osteoarthritis and Cartilage*.
- 2.2 Giori, N.J., Amanatullah, D.F., Gupts, S., Bowe, T. & Harris, A. H. S. (2018) Risk reduction compared with access to care: Quantifying the trade-off of enforcing a body mass index eligibility criterion for joint replacement. *The Journal of Bone and Joint Surgery*. 100 (7): 539-545. Retrieved from www.uptodate.com
- 2.3 Lindstrom, D., et al. (2008) Effects of a perioperative Smoking Cessation Intervention on Postoperative Complications: A Randomized Trial. *Annals of Surgery*. 248 (5): 739-745.
- 2.4 Bedard N.A., Dowdle S.B., Wilkinson B.G., Duchman K.R., Gao Y., Callaghan J.J. (2018). What is the impact of smoking on revision total knee arthroplasty? *The Journal of Arthroplasty* 33 (7): S172. Retrieved from www.uptodate.com
- 2.5 Underwood, P., Askari, R., Hurwitz, S., Chamarthi, B., and Garg, R. (2014). Preoperative A1C and Clinical Outcomes in Patients with Diabetes Undergoing Major Noncardiac Surgical Procedures. *Diabetes Care* 37 (3): 611-616. Retrieved from care.diabetesjournals.org
- 2.6 MCG Care Guideline S-560. Hip Arthroplasty. (22nd Edition).
- 2.7 CMS Comprehensive Care for Joint Replacement Model Data Collection Requirements

3.0 CPT CODES COVERED IF CRITERIA MET

- 3.1 27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), w/wo autograft or allograft
- 3.2 27134 Revision of total hip arthroplasty; both components, w/wo autograft or allograft
- 3.3 27137 Revision of total hip arthroplasty; acetabular component only, w/wo autograft or allograft
- 3.4 27138 Revision of total hip arthroplasty; femoral component only, w/wo autograft or allograft

4.0 POLICY REVIEW AND REVISION HISTORY

Date	Action/Description of Change
January 2020	Changed smoking criteria to include counseling on effects of smoking on surgical outcomes and treatment for smoking cessation if accepted.

5.0 SCOPE

This policy applies to Commercial lines of business within GlobalHealth Holdings, LLC.