Instructions for use
The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer’s particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer’s benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document.

Coverage determinations in each specific instance require consideration of:
1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

CPT® (Current Procedural Terminology) is a registered trademark of the American Medical Association (AMA). CPT® five digit codes, nomenclature and other data are copyright 2015 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in the CPT® book. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for the data contained herein or not contained herein.

©Copyright 2015 eviCore healthcare
<table>
<thead>
<tr>
<th>CMM-313</th>
<th>Hip Arthroplasty- Total &amp; Partial</th>
</tr>
</thead>
<tbody>
<tr>
<td>313.1</td>
<td>Definitions</td>
</tr>
<tr>
<td>313.2</td>
<td>General Guidelines</td>
</tr>
<tr>
<td>313.3</td>
<td>Indications and Non-Indications</td>
</tr>
<tr>
<td>313.4</td>
<td>Procedure (CPT®) Codes</td>
</tr>
<tr>
<td>313.5</td>
<td>References</td>
</tr>
</tbody>
</table>
CMM-313.1 Definition

- **Hip resurfacing arthroplasty (HRA)**, also called metal-on-metal (MOM) hip resurfacing and hemiresurfacing arthroplasty, is a surgical technique which involves the removal of diseased cartilage and bone from the head of the femur, and the replacement of the surface of the femoral head with a hollow metal hemisphere that fits into the acetabulum of the pelvis. This hemisphere fits into a metal acetabular cup. The technique conserves femoral bone, maintains normal femoral loading and stresses. Because of bone conservation, it may not compromise future total hip replacements. Hip resurfacing arthroplasty has been promoted as an alternative to total hip replacement or for younger individuals, to watchful waiting. Hip resurfacing arthroplasty may be either a partial HRA (i.e., hemi-hip resurfacing, hemiresurfacing or femoral head resurfacing arthroplasty [FHRA]) or a total HRA.

- **Total hip replacement** is a surgical technique which involves the removal of the femoral head and neck and the femoral canal (marrow space) is reamed-out. The damaged hip joint is replaced with an artificial prosthesis composed of two or three different components: 1) the head that replaces the original femoral head, 2) the femoral component (a metal stem placed into the femur), and 3) the acetabular component that is implanted into the acetabulum. The stem may be secured using bone cement or press-fit for the bone to grow into it.

- **Tonnis grading** system is commonly used to describe the presence of osteoarthritis in the hips with grading as follows:
  - Grade 0: no signs of osteoarthritis
  - Grade 1: sclerosis of the joint with minimal joint space narrowing and osteophyte formation
  - Grade 2: small cysts in the femoral head or acetabulum with moderate joint space narrowing
  - Grade 3: advanced arthritis with large cysts in the femoral head or acetabulum, joint space obliteration, and severe deformity of the femoral head.
CMM-313.2 General Guidelines

✓ The determination of medical necessity for the performance of hip arthroplasty procedures (total or partial) is always made on a case-by-case basis.

✓ For individuals with significant medical conditions or co-morbidities, the risk/benefit of hip arthroplasty procedures should be clearly documented in the medical record.

✓ Due to the increased risk of serious complications (e.g., cardiac complications, pulmonary complications, mortality) simultaneous bilateral total hip replacement is generally considered not medically necessary. If bilateral total hip arthroplasty is being proposed, the risk/benefit of performing bilateral procedures at the same setting should be clearly documented in the medical record.

✓ Until the scientific literature is more definitive, the type of implant to be utilized, such as metal-on-metal, ceramic-on-ceramic, metal-on-polyethylene, should be determined by the treating surgeon and their patient following a frank discussion explaining the pros and cons of each implant type.

CMM-313.3 Indications and Non-Indications

Partial Hip Resurfacing Arthroplasty

✓ Partial hip resurfacing arthroplasty is considered medically necessary when all of the following criteria have been met:

- Chronic severe, disabling pain for at least three (3) months in duration
- Loss of hip function which interferes with the ability to carry out age-appropriate activities of daily living and/or demands of employment
- Presence of either degenerative arthritis primarily affecting the femoral head with joint space narrowing on weight-bearing radiographs, or osteonecrosis (avascular necrosis) of the femoral head when the disease is detected early and there is less than 50% involvement of the femoral head
- Age 64 years or younger
- Failure of nonsurgical management (e.g., ice, relative rest/activity modification, weight loss, medications (e.g. anti-inflammatory) for at least three months.
Partial hip resurfacing arthroplasty is considered not medically necessary when any of the following applies:

- Degenerative arthritis affecting both the femoral head and the acetabular surface with joint space narrowing on weight-bearing radiographs
- Osteonecrosis (avascular necrosis) of the femoral head involving more than 50% of the femoral head
- Individual is skeletally immature
- Individual has an active hip infection, or other significant persistent or untreated infection or is septic
- Individual has one or more uncontrolled or unstable medical conditions that would significantly increase the risk of morbidity or mortality
  - Individual has a history of vascular insufficiency, significant muscular atrophy of the hip or leg musculature, or neuromuscular disease severe enough to compromise implant stability or post-operative recovery
- Individual has inadequate bone stock to support the device

Total Hip Resurfacing Arthroplasty

Total hip resurfacing arthroplasty is considered medically necessary when all of the following criteria have been met:

- Chronic severe, disabling pain for at least three (3) months duration
- Loss of hip function which interferes with the ability to carry out age-appropriate activities of daily living and/or demands of employment
- Presence of degenerative arthritis with joint space narrowing affecting both the femoral head and the acetabular joint on weight-bearing radiographs, an inflammatory arthropathy or osteonecrosis (avascular necrosis) of the femoral head with possible acetabular surface involvement when the disease is detected early and there is less than 50% involvement of the femoral head
- Age 64 years or younger
- Failure of non-surgical management (e.g., ice, relative rest/activity modification, weight loss, bracing, medications [e.g., anti-inflammatories], injections [steroid] and/or physical therapy) for at least three months.
✓ Total hip resurfacing arthroplasty is considered **not medically necessary** when any of the following applies:

- osteonecrosis (avascular necrosis) of the femoral head involving more than 50% of the femoral head
- individual is skeletally immature
- individual has an active hip infection, or other significant, persistent infection or is septic
- individual has one or more uncontrolled or unstable medical conditions that would significantly increase the risk of morbidity or mortality
- individual has a history of vascular insufficiency, significant muscular atrophy of the hip or leg musculature, or neuromuscular disease severe enough to compromise implant stability or post-operative recovery
- individual has inadequate bone stock to support the device

**Partial Hip Arthroplasty (Replacement)**

✓ Partial hip arthroplasty is considered **medically necessary** as treatment for any of the following, when all of the associated criteria have been met:

- A non-displaced intracapsular fracture when surgical fixation is not considered a reasonable option.
- An impacted fracture, partially displaced fracture, completely displaced or comminuted fracture of the femoral neck or femoral head when conservative management or surgical fixation is not considered a reasonable option.
- Severe osteoarthritis evidenced by large cysts in the femoral head or acetabulum, joint space obliteration, and severe deformity of the femoral head (e.g., Tonnis Grade 3) when all of the following criteria have been met:
  - history of chronic severe, disabling pain for at least three (3) months in duration
  - loss of hip function secondary to osteoarthritis which interferes with the ability to carry out age-appropriate activities of daily living and/or demands of employment
  - failure of non-surgical management (e.g., ice, relative rest/activity modification, weight loss, bracing, medications [e.g., anti-inflammatory], injections [steroid] and/or physical therapy) for at least three months.
Partial hip arthroplasty is considered **not medically necessary** when any of the following applies:

- Individual has an active local or systemic infection
- Individual has one or more uncontrolled or unstable medical conditions that would significantly increase the risk of morbidity or mortality
- Individual demonstrates a **significant** loss of musculature, neuromuscular compromise or vascular deficiency in the affected limb, rendering the procedure unjustifiable
- Individual demonstrates severe instability secondary to advanced loss of osteochondral structure.

**Total Hip Arthroplasty (Replacement)**

Total hip arthroplasty is considered **medically necessary** for severe osteoarthritis evidenced by large cysts in the femoral head or acetabulum, joint space obliteration, and severe deformity of the femoral head (e.g., Tonnis Grade 3) when all of the following criteria have been met:

- chronic, severe, disabling pain for at least three (3) months in duration
- loss of hip function secondary to osteoarthritis which interferes with the ability to carry out age-appropriate activities of daily living and/or demands of employment
- **failure of non-surgical management** (e.g., ice, relative rest/activity modification, weight loss, bracing, medications [e.g., anti-inflammatories], injections [steroid] and/or physical therapy) for at least three months.

**Total Hip Revision**

Total Hip Revision following a previous partial or total hip arthroplasty is considered **medically necessary** when all of the following criteria have been met:

- Individual has developed chronic severe, disabling pain
- there is a documented loss of hip function which interferes with the ability to carry out age-appropriate activities of daily living and/or demands of employment.
- individual demonstrates **ANY** of the following:
  - recurrent prosthetic dislocation not responsive to a reasonable course of non-surgical care
- instability of the components
- aseptic loosening
- periprosthetic infection
- periprosthetic fracture
- persistent hip pain of unknown etiology not responsive to a period of non-surgical care for six (6) months.

✓ Total Hip Revisions is considered **not medically necessary** when any of the following applies:

- individual has one or more uncontrolled or unstable medical conditions that would significantly increase the risk of morbidity or mortality
- individual demonstrates a significant loss of musculature (in particular hip abductor musculature), neuromuscular compromise or vascular deficiency in the affected limb
- individual has severe osteoporosis or other osseous abnormality that cannot be optimally managed and that would increase the likelihood of a poor surgical outcome
- individual demonstrates poor skin coverage
- individual demonstrates severe instability secondary to advanced loss of osteochondral structure.
### CMM-313.4 Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code’s inclusion on this list does not necessarily indicate prior authorization is required.

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Code Description/Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>27090</td>
<td>Removal of hip prosthesis; (separate procedure)</td>
</tr>
<tr>
<td>27091</td>
<td>Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer</td>
</tr>
<tr>
<td>27120</td>
<td>Acetabuloplasty; (e.g. Whitman, Colonna, Haygroves, or cup type)</td>
</tr>
<tr>
<td>27122</td>
<td>Acetabuloplasty; resection, femoral head (e.g. Girdlestone procedure)</td>
</tr>
<tr>
<td>27125</td>
<td>Hemiarthroplasty, hip, partial (e.g. femoral stem prosthesis, bipolar Arthroplasty)</td>
</tr>
<tr>
<td>27130</td>
<td>Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip Arthroplasty), with or without autograft or allograft</td>
</tr>
<tr>
<td>27132</td>
<td>Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft</td>
</tr>
<tr>
<td>27134</td>
<td>Revision of total hip arthroplasty; both components, with or without autograft or allograft</td>
</tr>
<tr>
<td>27137</td>
<td>Revision of total hip Arthroplasty; acetabular component only, with or without autograft or allograft</td>
</tr>
<tr>
<td>27138</td>
<td>Revision of total hip Arthroplasty; femoral component only, with or without allograft</td>
</tr>
<tr>
<td>27280</td>
<td>Arthrodesis, sacroiliac joint (including obtaining graft)</td>
</tr>
<tr>
<td>27282</td>
<td>Arthrodesis, symphysis pubis (including obtaining graft)</td>
</tr>
<tr>
<td>27284</td>
<td>Arthrodesis, hip joint (including obtaining graft);</td>
</tr>
<tr>
<td>27286</td>
<td>Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual’s policy or benefit entitlement structure as well as claims processing rules.
CMM-313.5 References


