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

Policy Number: CS056LA.~~NO~~
Effective Date: ~~June 1, 2022~~TBD

[Instructions for Use](#)

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Application

This Medical Policy only applies to the state of Louisiana.

Coverage Rationale

Hip Replacement Surgery of the (Arthroplasty) and Hip Resurfacing Arthroplasty

Hip replacement surgery (arthroplasty) and hip and surgical treatment for femoroacetabular impingement (FAI) syndrome is resurfacing arthroplasty are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the ~~following~~ InterQual® CP: Procedures:

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

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

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Surgical treatment for femoroacetabular impingement (FAI) syndrome is unproven and not medically necessary in the presence of advanced osteoarthritis (i.e., Tönnis Grade 2 or 3) and/or severe cartilage damage (i.e., Outerbridge Grade III or IV).

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)~~

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- ~~o 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:~~
 - ~~o Orthotics~~
 - ~~o Medications/injections~~
 - ~~o Physical therapy~~
 - ~~o Surgical~~
 - ~~o 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:~~
 - ~~o Surgery is bilateral~~
 - ~~o Member has significant co-morbidities; include the list of comorbidities and current treatment~~
 - ~~o 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).

Outerbridge Grades:

Surgery of the Hip ~~Hip Resurfacing and Replacement Surgery (Arthroplasty)~~ (for Louisiana Only)
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Effective **TBD**

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- Grade 0: Normal
- Grade I: Cartilage with softening and swelling
- Grade II: Partial-thickness defect with fissures on the surface that do not reach subchondral bone or exceed 1.5 cm in diameter
- Grade III: Fissuring to the level of subchondral bone in an area with a diameter more than 1.5 cm
- Grade IV: Exposed subchondral bone head (Slattery, 2018)

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).

Tönnis Classification of Osteoarthritis by Radiographic Changes:

- Grade 0: No signs of osteoarthritis (OA)
- Grade 1: Increased sclerosis of femoral head or acetabulum, slight joint space narrowing or slight slipping of joint margin, no or slight loss of head sphericity
- Grade 2: Small cysts in femoral head or acetabulum, moderate joint space narrowing, moderate loss of head sphericity
- Grade 3: Large cysts, severe joint space narrowing or obliteration of joint space, severe deformity of the head, avascular necrosis (Kovalenko, 2018)

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
<u>Arthroscopy, Diagnostic, +/- Synovial Biopsy, Hip</u>	
<u>29860</u>	<u>Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)</u>
<u>Arthroscopy, Surgical, Hip</u>	
<u>29861</u>	<u>Arthroscopy, hip, surgical; with removal of loose body or foreign body</u>

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CPT Code	Description
<u>29862</u>	<u>Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum</u>
<u>29863</u>	<u>Arthroscopy, hip, surgical; with synovectomy</u>
<u>Arthrotomy, Hip</u>	
27120	Acetabuloplasty; (e.g., Whitman, Colonna, Haygroves, or cup type)
<u>Hemiarthroplasty, Hip 27122</u>	
Acetabuloplasty; resection, femoral head (e.g., Girdlestone procedure)	
27125	Hemiarthroplasty, hip, partial (e.g., femoral stem prosthesis, bipolar arthroplasty)
<u>Removal and Replacement, Total Joint Replacement (TJR), Hip</u>	
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
<u>Femoroacetabular Impingement (FAI) Syndrome</u>	
<u>27299</u>	<u>Unlisted procedure, pelvis or hip joint</u>
<u>29914</u>	<u>Arthroscopy, hip, surgical; with femoroplasty (i.e., treatment of cam lesion)</u>
<u>29915</u>	<u>Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)</u>
<u>29916</u>	<u>Arthroscopy, hip, surgical; with labral repair</u>
<u>29999</u>	<u>Unlisted procedure, arthroscopy</u>

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HCPSC Code	Description
<u>*S2118</u>	Metal-on-metal total hip resurfacing, including acetabular and femoral components

Codes labeled with an asterisk(*) are not on the Louisiana Medicaid Fee Schedule and therefore may not be covered by the state of Louisiana Medicaid Program.

Clinical Evidence

Clinical studies have shown that certain factors are associated with a subjectively defined fair or poor functional score and/or surgical failure. These poor prognostic factors, although variably reported, include more advanced preoperative osteoarthritis, advanced articular cartilage disease, older age, and more severe preoperative pain. These

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observations highlight the negative impact of secondary osteoarthritis on the long-term results of surgical intervention.

A 2021 Hayes Health Technology Assessment on arthroscopic hip surgery for femoroacetabular impingement yielded forty abstracts, including 4 randomized controlled trials, 2 case-control studies, 1 comparison studies, 3 matched cohort studies, 5 retrospective cohort studies, 7 database or registry analyses, 1 case series study, 11 systematic reviews and meta-analyses, 1 meta-analysis, 4 systematic reviews, and 1 cost-effectiveness study. The reviewed studies evaluated arthroscopic hip surgery for adult patients with FAI who were usually aged < 45 years, did not have osteoarthritis or had mild severity (0 or 1 on Tönnis scale), had no prior hip surgery, and did not have avascular necrosis. Study results suggested that arthroscopic surgery for FAI is safe and improves hip function and reduces pain. In a small number of poor-quality studies, arthroscopic surgery results in comparable and, in some cases, better clinical outcomes than open surgery. There was limited comparative evidence evaluating variations of arthroscopic surgical techniques or arthroscopic surgery relative to nonoperative management for FAI (Hayes, 2021).

A systematic review and meta-analysis was conducted by Gohal et al. (2019) to assess the health-related quality of life (HRQL) outcomes after arthroscopic management of FAI. A total of 29 studies (24 case series, 3 case-control studies, 1 retrospective comparative study, and 1 RCT; some with control groups) were included for assessment. Of the 6476 patients (6959 hips), significant improvements were reported in all studies assessing generic HRQL outcomes, including the 12-Item Short Form Health Survey (range of mean postoperative scores, 82.2-89.8), and EuroQOL-5D scores (range of mean postoperative scores, 0.74-0.87) between 12 and 24 months postoperatively. Significant improvements were similarly identified in the hip-specific HRQL outcomes scores, with the majority of studies also reporting improvement between 12 and 24 months postoperatively. Mean improvement in International Hip Outcome Tool-33 scores from preoperative values to postoperative values ranged from 22.7 to 43.2, for studies with follow-up between 12 and 24 months. The authors concluded that hip arthroscopy can lead to significant improvement in generic and hip-specific HRQL outcomes at 12 to 24 months postoperatively in patients with FAI who do not have advanced hip osteoarthritis.

In a meta-analysis performed by Lei et al. (2019), the prognostic value of osteoarthritis (OA) on the overall failure rate, pain, and function of surgical management of femoroacetabular impingement (FAI) was evaluated. Seven studies were identified with 1,129 total patients, with 819 patients in the FAI group and 310 patients in the FAI with OA group. Pooled analyses showed that the overall failure rate was significantly higher in the FAI-OA group than in the FAI group. In addition, the rate of conversion to total hip arthroplasty was significantly higher in the FAI-OA group (37.3%) than in the FAI group (9.7%). The authors concluded that radiographic OA was correlated with higher failure rates, increased conversion to total hip arthroplasty, and worse outcomes after surgical management of FAI.

Sansone et al. (2015) performed a prospective study to evaluate the arthroscopic treatment of FAI in the presence of osteoarthritis (OA) in terms of pain, symptoms, function, physical activity level and quality of life using outcome measures validated for young, active patients with hip symptoms. Seventy-five patients undergoing arthroscopic surgery for FAI, all with preoperative radiological signs of mild to moderate OA (Tönnis grades 1 or 2) were included in this study. All patients completed patient reported outcome measures, including the International Hip Outcome Tool (iHOT-12), Copenhagen Hip and Groin Outcome (HAGOS), EQ-5D, Hip Sports Activity Scale (HSAS)

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for physical activity level. A visual analogue scale (VAS) for overall hip function, was performed, with radiographic evaluation. At two-year follow-up, comparison with the preoperative scores revealed improvements for all measured outcomes; the iHOT-12 (42 versus 65), VAS for global hip function (48 versus 68), HSAS (2.5 versus 3), EQ5D index (0.62 versus 0.76), EQ VAS (69 versus 75) and different HAGOS subscales (54 versus 72, 47 versus 67, 56 versus 75, 40 versus 61, 33 versus 56, 31 versus 55). Fifty-six (82%) patients reported that they were satisfied with the outcome of surgery. The authors concluded that arthroscopic treatment for patients with FAI in the presence of mild to moderate OA resulted in statistically significant and clinically relevant improvements in outcome measures related to pain, symptoms, function, physical activity level and quality of life in the majority of patients.

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 ~~Hip replacement surgery is a procedure and, therefore, is not regulated by the FDA. However, devices and instruments used during the surgery may require FDA approval. See the following website for additional~~ Several devices have FDA approval. Additional information:

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm> ~~is available at (product code MEH, JDI, JDC, LWJ, LPH, LZO, KKY, and KWA):~~

<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm> ~~(Accessed October 29, 2021~~ August 16, 2022 ~~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~~

References

Gohal C, Shamshoon S, Memon M, et al. Health-related quality of life after hip arthroscopy for femoroacetabular impingement: a systematic review and meta-analysis. Sports Health. 2019 May/Jun;11(3):209-217.

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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.

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Kohn MD, Sasso AA, Fernando ND. Classifications in [brief](#) ~~Brief~~: Kellgren-Lawrence Classification of Osteoarthritis. Clin Orthop Relat Res. 2016 Aug;474(8):1886-93.

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[Lei P, Conaway WK, Martin SD. Outcome of surgical treatment of hip femoroacetabular impingement patients with radiographic osteoarthritis: a meta-analysis of prospective studies. J Am Acad Orthop Surg. 2019 Jan 15;27\(2\):e70-e76.](#)

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.

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[Slattery C, Kweon CY. Classifications in brief: Outerbridge classification of chondral lesions. Clin Orthop Relat Res. 2018 Oct;476\(10\):2101-2104.](#)

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
TBD	<p>Title Change</p> <ul style="list-style-type: none"> Previously titled Hip Resurfacing and Replacement Surgery (Arthroplasty) (for Louisiana Only) <p>Coverage Rationale</p> <ul style="list-style-type: none"> Replaced language indicating "hip replacement surgery (arthroplasty) and hip resurfacing arthroplasty are proven and medically necessary in certain circumstances" with "surgery of the hip and surgical treatment for femoroacetabular impingement (FAI) syndrome are proven and medically necessary in certain circumstances" Added language to indicate surgical treatment for femoroacetabular impingement (FAI) syndrome is unproven and not medically necessary in the presence of advanced osteoarthritis (i.e., Tönnis Grade 2 or 3) and/or severe cartilage damage (i.e., Outerbridge Grade III or IV) Removed content addressing documentation requirements <p>Definitions</p> <ul style="list-style-type: none"> Added definition of: <ul style="list-style-type: none"> Outerbridge Grades Tönnis Classification of Osteoarthritis by Radiographic Changes <p>Applicable Codes</p>

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- Added CPT codes 29860, 29861, 29862, 29863, 27299, 29914, 29915, 29916, and 29999
- Removed CPT code 27122
- Added notation to indicate HCPCS code S2118 is not on the State of Louisiana Fee Schedule and therefore is not covered by the State of Louisiana Medicaid Program

Supporting Information

- Added Clinical Evidence section
- Updated FDA and References sections to reflect the most current information
- Archived previous policy version CS056LA.N

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.