

02-20000-50

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## Subject: Hip Arthroplasty

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

<a href="#">Position Statement</a>	<a href="#">Billing/Coding</a>	<a href="#">Reimbursement</a>	<a href="#">Program Exceptions</a>	<a href="#">Definitions</a>	<a href="#">Related Guidelines</a>
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### DESCRIPTION:

Total hip arthroplasty/hip replacement surgery is most often performed due to severe pain caused by osteoarthritis of the hip joint. Rheumatoid arthritis, traumatic arthritis, malignancy involving the hip joint and osteonecrosis of the femoral head may also necessitate hip replacement surgery. The pain from the damaged joint usually limits activities of daily living, and may cause disruption of sleep. The goal of total hip replacement surgery is to relieve pain and improve or increase function.

Hip resurfacing is an alternative to total hip arthroplasty/hip replacement) for people with advanced arthritis of the hip. Total hip resurfacing describes the placement of a shell that covers the femoral head together with implantation of an acetabular cup. Partial hip resurfacing is considered a treatment option for avascular necrosis with collapse of the femoral head. Available prostheses are metal-on-metal devices (e.g., the Birmingham Hip Resurfacing System, the Cormet™ Hip Resurfacing System, and the Conserve® Plus Total Hip Resurfacing System). Younger, physically active individuals without contraindications to hip resurfacing are the most suitable candidates for total hip resurfacing.

### POSITION STATEMENT:

#### Total hip arthroplasty

Total hip arthroplasty **meets the definition of medical necessity** when 1 or more of the following conditions exist:

- Malignancy of the joint involving the bones or soft tissues of the pelvis or proximal femur, **OR**
- Avascular necrosis (osteonecrosis of femoral head), **OR**
- Fracture of the femoral neck, **OR**

- Acetabular fracture, **OR**
- Failure of previous hip surgery, **OR**
- Mal-union of acetabular or proximal femur fracture, **OR**
- Advanced joint disease demonstrated by radiographic or magnetic resonance imaging (MRI) evidence of subchondral cysts, subchondral sclerosis, periarticular osteophytes, joint subluxation, joint space narrowing, avascular necrosis), **AND**
  - Pain or functional disability from injury due to trauma or arthritis of the joint, **AND**
  - Failure of at least 3 months of conservative non-surgical management that is clearly documented in the medical record, and that includes 1 or more of the following:
    - Anti-inflammatory medications
    - Analgesics
    - Flexibility and muscle strengthening exercises
    - Supervised physical therapy
    - Activity restrictions as is reasonable
    - Assistive device use
    - Weight reduction as appropriate
- No contraindications\* to total hip arthroplasty for any indication above are present

### **Revision arthroplasty**

Revision arthroplasty **meets the definition of medical necessity** when 1 or more of the following conditions exist:

- Instability of one or both components, **OR**
- Fracture or mechanical failure of the implant, **OR**
- Recurrent or irreducible dislocation, **OR**
- Infection, **OR**
- Treatment of a displaced periprosthetic fracture, **OR**
- Clinically significant leg length inequality, **OR**
- Progressive or substantial bone loss, **OR**
- Clinically significant audible noise, **OR**
- Adverse local tissue reaction, **AND**
- No contraindications\* to revision arthroplasty are present

\*Contraindications for total and revision hip arthroplasty:

- Active systemic bacteremia
- Active skin infection or open wound within the planned surgical site of the hip

- Neuropathic arthritis
- Rapidly progressive neurological disease

### **Hip resurfacing**

Metal-on-metal total hip resurfacing **meets the definition of medical necessity** as an alternative to total hip replacement when:

- Is a candidate for total hip replacement, **AND**
- Is likely to outlive a traditional prosthesis (eg, age 55 or younger), **AND**
- Does not have a contraindication\* for total hip resurfacing

\*Contraindications for total hip resurfacing:

- Severe osteopenia or a family history of severe osteoporosis or severe osteopenia
- Osteonecrosis or avascular necrosis with more than 50% involvement of the femoral head
- Multiple cysts of the femoral head (>1 cm)
- Skeletal immaturity
- Vascular insufficiency, muscular atrophy, or neuromuscular disease severe enough to compromise implant stability or postoperative recovery
- Known moderate-to-severe renal insufficiency
- Severely overweight (without attempted weight loss or discussion of increased risk related to BMI)
- Known or suspected metal sensitivity or concern about potential effects of metal ions
- Immunosuppressed or receiving high doses of corticosteroids
- Females of childbearing age due to unknown effects on the fetus of metal ion release

Partial hip resurfacing **meets the definition of medical necessity** in candidates with osteonecrosis of the femoral head who:

- Is a candidate for total hip replacement, **AND**
- Is likely to outlive a traditional prosthesis (eg, age 55 or younger), **AND**
- Has known or suspected metal sensitivity or concern about potential effects of metal ions
- There is no more than 50% involvement of the femoral head, **AND**
- There is minimal change in acetabular cartilage or articular cartilage space identified on radiography

All other types and applications of hip resurfacing are considered **experimental or investigational**. Data in published medical literature are inadequate to permit scientific conclusions on long-term and net health outcomes.

## BILLING/CODING INFORMATION:

### CPT Coding

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 Coding

S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components
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## REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

## PROGRAM EXCEPTIONS:

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Advantage products:** The following Local Coverage Determination (LCD) was reviewed on the last guideline review date: Major Joint Replacement (Hip and Knee) (L33618), located at fcso.com.

## DEFINITIONS:

No guideline specific definitions apply.

## RELATED GUIDELINES:

[Hip Arthroscopy and Open, Non-Arthroplasty Hip Repair, 02-20000-55](#)  
[Computer-Assisted Navigation for Orthopedic Procedures, 02-20000-30](#)

## OTHER:

None applicable.

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## COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 01/23/25.

## GUIDELINE UPDATE INFORMATION:

10/15/16	New Medical Coverage Guideline.
04/15/17	Revision: updated criteria for total hip arthroplasty and hip resurfacing arthroplasty. Added coverage statement (E/I) for patient-specific, gender-specific, and computer-navigated instrumentation. Updated references.
07/15/18	Scheduled review. Added general criteria for elective hip arthroplasty; revised criteria for total hip arthroplasty, hip resurfacing arthroplasty, and total hip arthroplasty revision/conversion. Deleted references to “gender-specific instrumentation” “patient-specific instrumentation” and “computer-navigated instrumentation”. Updated references.
07/15/19	Scheduled review. Revised criteria regarding evidence of resolved infection documentation. Updated references.
02/15/20	Revision: added clarifying language for contraindications.
07/15/20	Scheduled review. Revised description and position statement. Updated references.
05/15/21	Scheduled review. Revised relative contraindications for THA. Updated references.

12/15/22	Revision: Deleted statement regarding simultaneous bilateral total hip arthroplasty. Updated references.
06/10/23	Scheduled review. Revised description and position statement. Updated references.
03/23/24	Revision. Updated criteria for failure of previous hip surgery for clarity.
02/15/25	Scheduled review. Maintained position statement and updated references.