

Hip Replacement Protocol

Total Hip Arthroplasty Indications:

- P3 Health Partners will consider Total Hip replacement surgery medically necessary when <u>one or</u> <u>more</u> of the following criteria are met:
 - Advanced joint disease demonstrated by:
 - Radiographic supported evidence or when conventional radiography is not adequate, magnetic resonance imaging (MRI) supported evidence (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
 - History of unsuccessful conservative therapy (non-surgical medical management) that is clearly addressed in the pre procedure medical record.
 - This conservative therapy must be documented as occurring for at least 24 weeks prior to having been considered to have failed
 - This conservative therapy must include:
 - anti-inflammatory medications or analgesics
 - flexibility and muscle strengthening exercises
 - supervised physical therapy [Activities of daily living (ADLs) diminished despite completing a plan of care]
 - assistive device use
 - weight reduction as appropriate
 - therapeutic injections into the hip as appropriate.
 - In rare circumstances, for example, if the patient has bone on bone articulation, severe deformity, or pain or significant disabling interference with activities of daily living, the surgeon may determine that nonsurgical medical management would be ineffective or counterproductive, and that the best treatment option, after explaining the risks, is surgical. If medical management is deemed inappropriate, the medical record should indicate the rationale for and circumstances under which this is the case.
 - Malignancy of the joint involving the bones or soft tissues of the pelvis or proximal femur
 - Avascular necrosis (osteonecrosis of femoral head)
 - Fracture of the femoral neck
 - Acetabular fracture
 - Non-union or failure of previous hip fracture surgery
 - Mal-union of acetabular or proximal femur fracture



Replacement/Revision of Total Hip Arthroplasty Indications

- P3 Health Partners will consider Replacement/Revision of Total Hip Arthroplasty medically necessary when <u>one or more</u> of the following criteria are met
 - Loosening of one or both components
 - Fracture or mechanical failure of the implant
 - Recurrent or irreducible dislocation
 - Infection
 - Treatment of a displaced periprosthetic fracture
 - Clinically significant leg length inequality not amenable to conservative management
 - Progressive or substantial bone loss
 - Bearing surface wear leading to symptomatic synovitis or local bone or soft tissue reaction
 - Clinically significant audible noise
 - Adverse local tissue reaction

All of the following should be documented in the medical record prior to scheduling the procedure

- For members with significant conditions or co-morbidities, the risk/benefit of Total Knee Arthroplasty should be appropriately addressed in the medical record.
- o Ruling out sources of infection, including dental and lower urinary tract infections.
- Case Management referral has been completed and member is established with P3 Health Partners Case Manager.
 - PCP notifies team in chart review meeting of possible referral to ortho for joint replacement.
 - MA or PCP CM to contact member regarding possible" social issues" that would impact procedure post op recovery.
 - Evaluate if member has appropriate resources-transportation to follow up appts, caregiver resources for groceries, Rx retrieval, anticoagulation costs if needed and self-care ability.
 - **♣** Evaluate if member would need inpatient rehab/SNF for recovery.
 - Ortho MD/ team to ensure and document follow up with CM and nonsurgical conservative treatment.

CMS

Local Coverage Determination (LCD):

Total Hip Arthroplasty (L36573) Oregon and Arizona; Total Hip Arthroplasty (L34163) Nevada.

MCG Hip Arthroplasty: ORG: S-560



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