HEALTH PLAN POLICY		
Policy Title: Step Process for Total Hip Arthroplasty		**Policy Number:** MUM47 **Revision:** B
Department: Medical Management	**Sub-Department:** Utilization Management	
Applies to Product Lines: ☐Medicaid ☐Children's Health Insurance Plan ☒Health Insurance Exchange ☒Medicare		☒USFHP ☒Commercial Insured ☒Non Insured Business
Origination/Effective Date: 05/09/2018		
Reviewed Date(s):	**Revision Date(s):** 04/24/2019, 05/18/2020	

SCOPE:

The purpose of the policy is to define the process utilized for medical necessity review for total hip arthroplasty. The health plan's review processes for these requests will help members have appropriate access to care based on benefit availability and interventions employed.

DEFINITIONS AND ACRONYMS:

- **Activities of Daily Living (ADL)**
- **Medical Necessity -** Defined by the health plan as a determination that has been made by a licensed physician and/or qualified clinician for services requested that clinical documentation supports to be justified as reasonable, necessary, and appropriate, based on evidence based guidelines criteria and accepted clinical standards of practice for medical and behavioral health conditions.
- **Non-Steroidal Anti-Inflammatory medication (NSAID)**
- **Prior Authorization -** Prior Authorization is the assessment of a proposed service (such as an elective procedure, admission or therapy) to determine if the member has eligible coverage for the service and whether the request demonstrates medically necessity.
- **Total Hip Arthroplasty (THA)**

POLICY:

Total Hip Arthroplasty is indicated when degenerative joint disease exists as indicated by:

1. Presence of significant radiographic findings (e.g., hip joint destruction, severe narrowing, bone deformities, osteonecrosis)
2. Optimal medical management has been tried and failed (e.g., analgesics, NSAID's, physical therapy)
3. Patient has failed or is not a candidate for more conservative measures (e.g., osteotomy, hemiarthroplasty)
4. Treatment is indicated due to one or more of the following:
    - Disabling pain
    - Functional disability
5. Primary or secondary tumors involving the proximal femur
6. Osteonecrosis of femoral head

7. Developmental dysplasia of hip
8. Displaced fracture of femoral neck in patient without significant cognitive impairment
9. Acetabular fracture
10. Peritrochanteric fracture and one or more of the following:
    - Ipsilateral hip osteoarthritis
    - Ipsilateral avascular necrosis of the femoral head
    - Inflammatory arthritis
    - Comminuted, significantly displaced or unstable fracture
    - Neglected fracture
11. Failed previous hip fracture fixation
12. Revision of hip arthrodesis
13. Revision of previous arthroplasty or resurfacing indicated by one or more of the following:
    - Instability of one or both components
    - Fracture or mechanical failure of implant
    - Recurrent or irreducible dislocation
    - Infection
    - Treatment of periprosthetic fracture
    - Tissue or systemic reaction to metal implant
    - Leg length inequality

During the medical necessity review, clinically licensed staff will review the provided clinical documentation to determine if appropriate steps were employed prior to request for the THA. These are non-invasive evidenced-based interventions that will be employed prior to the request for the THA and are part of the medical necessity review:

- The member received a minimum of six (6) weeks of physical therapy without significant improvement in function and range of motion, unless contraindicated (i.e. flexibility and strength, etc.)
- The member's condition was managed pharmacologically for a minimum of six (6) weeks, unless contraindicated (i.e. NSAIDS, steroids, antibiotics, etc.)
- The member has participated in behavior modification for a minimum of six (6) weeks and condition continues to have significant impact on ADL's (i.e. reasonable restriction of activities, cane or crutch use, weight reduction, etc.)

Review of all care requests will be conducted utilizing nationally recognized evidenced-based medical necessity criteria. Utilization Review staff are licensed registered nurses and licensed vocational nurses. Additional review and oversight may also be done by other independently licensed physical, social and behavioral healthcare professionals.

Requests that do not meet the appropriate evidenced-based criteria guidelines for medical necessity and/or do not clearly show failure of an appropriate response to non-invasive evidenced-based interventions will be sent to the medical director for a medical necessity determination.

In the event the medical director or their designee does not approve a request for THA, the requesting provider is instructed on the process to initiate an appeal.

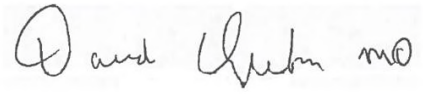
REFERENCES:

- MCG Health Inpatient & Surgical Care, 21st Edition

RELATED DOCUMENTS:

None.

Nancy Horstmann
Chief Executive Officer Health Plans



David Engleking, M.D.
Medical Director

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	05/09/2018	Initial release.	Executive Leadership
A	04/24/2019	Annual review. Product lines updated.	Executive Leadership
B	05/18/2020	Annual review. No change to policy content.	Executive Leadership