Authorization criteria:
Joint replacement, hip, for adults
Effective May 1, 2016

Clinical review is required for adult members (age ≥18). The medical necessity criteria are outlined below.

CPT code: *27130 and *27132

For any indication
The presence of any of the following conditions can cause increase wear of the component or increased risk of component loosening. If any of the following conditions are present, review will be required:
1. Charcot joint OR
2. Heavy physical labor OR
3. Age <50 OR
4. Active infection (absolute contraindication) OR
5. Previous infection (relative contraindication)

Bone tumor by imaging
The presence of a bone tumor identified by imaging

Acute femoral neck fracture
EITHER of the following must be met:
1. Comminuted or impacted acetabular fracture diagnosed by imaging
2. Arthritis of acetabulum or femoral head by X-ray where TWO OR MORE of the following are present:
   a. Subchondral cysts
   b. Subchondral sclerosis
   c. Marginal erosions
   d. Periarticular osteophytes
   e. Periarticular osteopenia
   f. Joint subluxation
   g. Joint space narrowing

Avascular necrosis (osteonecrosis) of the femoral head
ALL of the following must be met:
1. There is avascular necrosis (osteonecrosis) of the femoral head by imaging AND
2. ALL of the following are present:
   a. Pain at the hip increased with initiation of activity AND
   b. Pain at the hip increased with weight bearing AND
   c. Pain at the hip interferes with ADLS AND
   d. Pain with (active or passive) range of motion AND
   e. Limited (active or passive) range of motion AND
   f. Antalgic gait (limp where weight-bearing occurs for the shortest possible time on the affected leg)
3. There is EITHER:
   a. Stage III collapse of the femoral head OR
   b. Continued symptoms or findings after treatment with ALL of the following:
      i. NSAIDS or acetaminophen for at least 3 weeks AND
      ii. Physician directed home exercise, or PT for at least 12 weeks AND
      iii. Activity modification for at least 12 weeks

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Nonunion or malunion of articular fracture
Symptomatic nonunion or malunion of fracture by imaging may be approved

Osteoarthritis or posttraumatic arthritis

ALL of the following must be met:

1. TWO OR MORE of the following three symptoms are present:
   a. Hip pain interferes with ADLs
   b. Hip pain increased with weight bearing
   c. Hip pain increased with initiation of activity
   d. Hip pain with (active or passive) range of motion

2. BOTH of the following are present:
   a. Limited (active or passive) range of motion AND
   b. Antalgic gait (limp where weight bearing occurs for the shortest possible time on the affected leg)

3. EITHER of the following are present:
   a. Bone-on-bone contact with angular deformity by imaging OR
   b. Arthritis at the hip by imaging that fails to respond to conservative treatment, as indicated by BOTH of the following:
      i. TWO OR MORE of the following five imaging findings are present:
         1. Subchondral cysts
         2. Subchondral sclerosis
         3. Periarticular osteophytes
         4. Joint subluxation
         5. Joint space narrowing
      ii. Continued symptoms or findings after treatment with EACH of the following:
         1. NSAIDS or acetaminophen for at least 3 weeks AND
         2. Physician-directed home exercise or OT or PT for at least 12 weeks AND
         3. Activity modification for at least 12 weeks

Rheumatoid arthritis

ALL of the following must be met:

1. ALL of the following are present:
   a. Hip pain interferes with ADLs AND
   b. Hip pain is increased with initiation of activity AND
   c. Hip pain increased with weight bearing AND
   d. Hip pain with (active or passive) range of motion AND
   e. Limited (active or passive) range of motion AND
   f. Antalgic gait (limp where weight bearing occurs for the shortest possible time on the affected leg)

2. Joint space narrowing by X-ray

3. Continued symptoms or findings after disease-specific treatment (that is, with DMARDs, biologics, methotrexate, glucocorticoids) for at least 12 weeks

References
McKesson’s InterQual® 2015 Procedures Adult Criteria, Joint Replacement, Hip