

Minimally Invasive Total Hip Arthroplasty

MPM 13.4

Disclaimer	Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this medical policy
Description	Minimally invasive total hip arthroplasty (THA) involves small incisions and less tissue dissection compared with conventional total hip arthroplasty. The prosthetic implants used in minimally invasive THA are the same as those used in conventional open THA, but may be inserted with the aid of image guidance and/or specialized surgical navigation tools.
Coverage Determination/ Clinical Indications	Benefit Certification is not required. However, all claims are subject to retrospective review. Minimally invasive total hip arthroplasty is a covered benefit, and is reimbursed at the same rate as the standard approach for total hip arthroplasty.
Background	<p>Total hip arthroplasty (THA), also known as total hip replacement, is a surgical procedure in which the bone of the hip joint is removed and replaced with an artificial joint. The goal of THA is to improve mobility by relieving pain and improving the function of the hip. The major indication for THA is chronic and refractory pain and/or disability of the hip joint related to osteoarthritis, rheumatoid arthritis, avascular necrosis, traumatic arthritis and hip fractures.</p> <p>Conventional THA involves incision lengths of 25 to 40 cm, which allow for complete and continuous observation of the entire hip joint and surrounding structures. However, such large incisions often result in significant soft tissue disruption, pain and lengthy rehabilitation periods. Consequently, there is growing interest in development of minimally invasive approaches that involve the use of small incisions. The goals of both minimally invasive and conventional THA are the same, namely, the anatomic reconstruction of the hip joint, resulting in favorable prosthetic joint load and function.</p>

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[MPMPPC030902]

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Coding

The coding listed in this medical policy is for reference only. Covered and noncovered codes are within this list.

For billing purposes, minimally invasive total hip arthroplasty is deemed the same as a standard total hip arthroplasty.

CPT Codes	Description
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft.
27299	Unlisted procedure, pelvis or hip joint

ICD-9© Diagnosis Codes	Description
170.7	Malignant neoplasm of bone and articular cartilage; long bones of lower limb
213.7	Benign neoplasm of bone and articular cartilage; long bone of lower limb
714.0	Rheumatoid arthritis
714.30-714.33	Juvenile chronic polyarthritis
715.15	Osteoarthritis, localized, primary, generalized, pelvic region and thigh
715.25	Osteoarthritis, localized, secondary, generalized, pelvic region and thigh
715.35	Osteoarthritis, localized, not specified whether primary or secondary, generalized, pelvic region and thigh
715.90	Osteoarthritis, unspecified whether generalized or localized
716.15	Traumatic arthropathy; pelvic region and thigh
716.55	Unspecified polyarthropathy or polyarthritis; pelvic region and thigh
716.65	Unspecified monoarthritis; pelvic region and thigh
716.85	Other specified arthropathy; pelvic region and thigh
716.95	Arthropathy, unspecified; pelvic region and thigh
719.45	Hip/pelvic region pain
731.0	Osteitis deformans without mention of bone tumor
733.14	Pathologic fracture of neck of femur
733.40-733.43	Aseptic necrosis of bone
820.00-820.09	Closed transcervical fracture of neck of femur

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- References:**
1. Hayes Directory, Copyright © 2004 Winifred S. Hayes, Inc. Minimally Invasive Total Hip Arthroplasty. August 15, 2004. Hayes Update Search August 28, 2008.
 2. National Institute for Clinical Excellence. Minimally invasive two-incision surgery for total hip replacement. Issue date: February 2005.
 3. National Institute for Clinical Excellence. Single mini-incision hip replacement. Issue date: January 2006.

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This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian medical policies are available online at:
<http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm>

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