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
Prior Authorization is not required. However, all claims are subject to retrospective review.

Background
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.

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.

Coding
The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>27125</td>
<td>Hemiarthroplasty, hip, partial</td>
</tr>
<tr>
<td>27130</td>
<td>Arthroplasty, acetabular and proximal femoral prosthetic replacement, with or without autograft or allograft</td>
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</tbody>
</table>
## Minimally Invasive Total Hip Arthroplasty

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<tr>
<th>CPT Codes</th>
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<tbody>
<tr>
<td>27132</td>
<td>Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft</td>
</tr>
<tr>
<td>27134</td>
<td>Revision of total hip arthroplasty; both components, with or without autograft or allograft</td>
</tr>
<tr>
<td>27137</td>
<td>Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft</td>
</tr>
<tr>
<td>27138</td>
<td>Revision of total hip arthroplasty; femoral component only, with or without allograft</td>
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### Reference

### Approval Signatures:
**Clinical Quality & Utilization Mgmt. Committee:** Howard Epstein MD
**Medical Director:** Norman White MD

### Approval Date:
July 31, 2019

### Publication History:
07-31-19: Annual Review. MCG S-560 accessed. No changes. Update include CPT.

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: [Click here for Medical Policies](#)