



Hip Arthritis

Clinical Guidelines for Medical Necessity Review

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Important Notices

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Guideline Information:

Specialty Area: Diseases & Disorders of the Musculoskeletal System (M00-M99)

CarePath Group: Hip

CarePath Name: Hip Arthritis

Type: Adult (18+ yo) | Pediatric (0-17yo)

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CarePath Clinical Discussion

Osteoarthritis (OA) is a degenerative condition of the joints that contributes to significant disability in adults, especially older adults. It can be mild, moderate, or severe, depending upon the impact of pain, joint function, and quality of life. Physical therapy (exercise, education, strengthening) can decrease pain levels and increase function. OA is the leading cause of joint replacement surgery in the United States.¹ Total hip arthroplasty (THA) is the definitive treatment for severe hip arthritis that persists despite conservative measures such as exercise, medications, and weight loss.²

Radiography is the recommended primary imaging modality of choice. In some cases, magnetic resonance imaging (MRI), computed tomography (CT), or magnetic resonance (MR) arthrogram may be utilized to better appreciate anatomy, depending upon presentation and previous history.³

The information contained herein gives a general overview of the pathway of this specific diagnosis, beginning with initial presentation, recommended assessments, and treatment options as supported by the medical literature and existing guidelines. It should be noted that the care of patients can be complex. The information below is meant to support clinical decision making in adult patients. It is not necessarily applicable to every case, as the entire clinical picture (including comorbidities, history, etc.) should be considered.

Key Information

- Osteoarthritis (OA) is a degenerative disorder of joints and is predominantly a noninflammatory condition, but can have inflammatory flares.
- Symptomatic prevalence of OA significantly increases with age. In the hip, 9% of adults aged 45 years or older exhibit OA symptoms.⁴
- Radiography is the recommended primary imaging modality of choice, but clinical diagnosis of symptomatic OA should drive treatment decision-making.
- Initial treatments include patient education on goals and self-management, multimodal exercise, and physical therapy, and anti-inflammatory medication.⁵
- Total hip arthroplasty (THA) is the definitive treatment for advanced OA of the hip that persists despite conservative measures.²

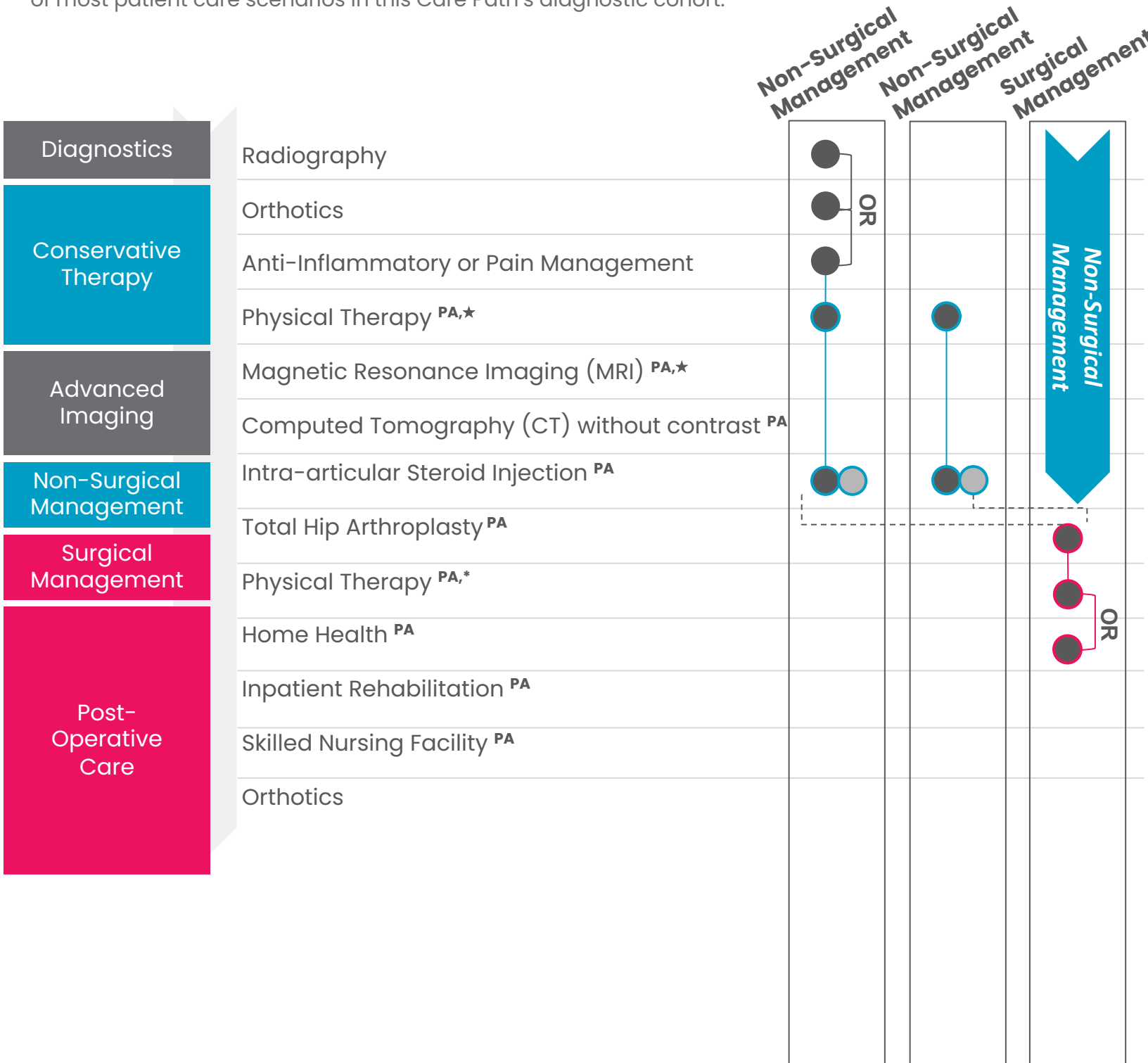
Definitions

- **Osteoarthritis (OA)**: A degenerative condition of the joints that contributes to significant disability in adults, especially older adults. It can be mild, moderate, or severe, depending upon the quality of pain, joint function, and quality of life.

Hip Arthritis

What is a "Cohere Care Path"?

These Care Paths organize the services typically considered most clinically optimal and likely to be automatically approved. These service recommendations also include the suggested sequencing and quantity or frequency determined clinically appropriate and medically necessary for the management of most patient care scenarios in this Care Path's diagnostic cohort.



Key

- ^{PA} = Service may require prior authorization
- ★ = Denotes preferred service
- AND = Services completed concurrently
- OR = Services generally mutually exclusive

- = Non-surgical management prior authorization group of services
- = Surgical management prior authorization group of services
- - - = Subsequent service
- - - = Management path moves to a different management path

CarePath Diagnostic Criteria

Disease Classification

Osteoarthritis of the hip

ICD-10 Codes Associated with Classification

ICD-10 Code	Code Description/Definition
M02.351	Reiter's disease, right hip
M02.352	Reiter's disease, left hip
M02.359	Reiter's disease, unspecified hip
M05.651	Rheumatoid arthritis of right hip with involvement of other organs and systems
M05.652	Rheumatoid arthritis of left hip with involvement of other organs and systems
M05.659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems
M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement
M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement
M05.759	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement
M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip
M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip
M05.859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip
M06.051	Rheumatoid arthritis without rheumatoid factor, right hip
M06.052	Rheumatoid arthritis without rheumatoid factor, left hip
M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip
M06.1	Adult-onset Still's disease

M06.851	Other specified rheumatoid arthritis, right hip
M06.852	Other specified rheumatoid arthritis, left hip
M06.859	Other specified rheumatoid arthritis, unspecified hip
M08.051	Unspecified juvenile rheumatoid arthritis, right hip
M08.052	Unspecified juvenile rheumatoid arthritis, left hip
M08.059	Unspecified juvenile rheumatoid arthritis, unspecified hip
M08.251	Juvenile rheumatoid arthritis with systemic onset, right hip
M08.252	Juvenile rheumatoid arthritis with systemic onset, left hip
M08.259	Juvenile rheumatoid arthritis with systemic onset, unspecified hip
M08.851	Other juvenile arthritis, right hip
M08.852	Other juvenile arthritis, left hip
M08.859	Other juvenile arthritis, unspecified hip
M08.951	Juvenile arthritis, unspecified, right hip
M08.952	Juvenile arthritis, unspecified, left hip
M08.959	Juvenile arthritis, unspecified, unspecified hip
M12.551	Traumatic arthropathy, right hip
M12.552	Traumatic arthropathy, left hip
M12.559	Traumatic arthropathy, unspecified hip
M12.851	Other specific arthropathies, not elsewhere classified, right hip
M12.852	Other specific arthropathies, not elsewhere classified, left hip
M12.859	Other specific arthropathies, not elsewhere classified, unspecified hip
M12.9	Arthropathy, unspecified
M13.0	Polyarthritis, unspecified
M13.151	Monoarthritis, not elsewhere classified, right hip
M13.152	Monoarthritis, not elsewhere classified, left hip
M13.159	Monoarthritis, not elsewhere classified, unspecified hip

M13.851	Other specified arthritis, right hip
M13.852	Other specified arthritis, left hip
M13.859	Other specified arthritis, unspecified hip
M14.851	Arthropathies in other specified diseases classified elsewhere, right hip
M14.852	Arthropathies in other specified diseases classified elsewhere, left hip
M14.859	Arthropathies in other specified diseases classified elsewhere, unspecified hip
M15.0	Primary generalized (osteo)arthritis
M15.3	Secondary multiple arthritis
M15.8	Other polyosteoarthritis
M15.9	Polyosteoarthritis, unspecified
M16	Osteoarthritis of hip
M16.0	Bilateral primary osteoarthritis of hip
M16.1	Unilateral primary osteoarthritis of hip
M16.10	Unilateral primary osteoarthritis, unspecified hip
M16.11	Unilateral primary osteoarthritis, right hip
M16.12	Unilateral primary osteoarthritis, left hip
M16.2	Bilateral osteoarthritis resulting from hip dysplasia
M16.3	Unilateral osteoarthritis resulting from hip dysplasia
M16.30	Unilateral osteoarthritis resulting from hip dysplasia, unspecified hip
M16.31	Unilateral osteoarthritis resulting from hip dysplasia, right hip
M16.32	Unilateral osteoarthritis resulting from hip dysplasia, left hip
M16.4	Bilateral post-traumatic osteoarthritis of hip
M16.5	Unilateral post-traumatic osteoarthritis of hip
M16.50	Unilateral post-traumatic osteoarthritis, unspecified hip
M16.51	Unilateral post-traumatic osteoarthritis, right hip

M16.52	Unilateral post-traumatic osteoarthritis, left hip
M16.6	Other bilateral secondary osteoarthritis of hip
M16.7	Other unilateral secondary osteoarthritis of hip
M16.9	Osteoarthritis of hip, unspecified
M19.90	Unspecified osteoarthritis
M19.91	Primary osteoarthritis, unspecified site
M19.92	Post-traumatic osteoarthritis, unspecified site
M19.93	Secondary osteoarthritis, unspecified site
M21.751	Unequal limb length (acquired), right femur
M21.752	Unequal limb length (acquired), left femur
M21.759	Unequal limb length (acquired), unspecified femur
M24.7	Protrusio acetabuli
M25.551	Pain in right hip
M25.552	Pain in left hip
M25.559	Pain in unspecified hip
M36.2	Hemophilic arthropathy
M79.651	Pain in right thigh
M79.652	Pain in left thigh
M79.659	Pain in unspecified thigh
M96.65	Fracture of pelvis following insertion of orthopedic implant, joint prosthesis, or bone plate
M96.661	Fracture of femur following insertion of orthopedic implant, joint prosthesis, or bone plate, right leg
M96.662	Fracture of femur following insertion of orthopedic implant, joint prosthesis, or bone plate, left leg
M96.669	Fracture of femur following insertion of orthopedic implant, joint prosthesis, or bone plate, unspecified leg
M97.01XA	Periprosthetic fracture around internal prosthetic right hip joint, initial encounter
M97.01XD	Periprosthetic fracture around internal prosthetic right hip joint, subsequent encounter

M97.01XS	Periprosthetic fracture around internal prosthetic right hip joint, sequela
M97.02XA	Periprosthetic fracture around internal prosthetic left hip joint, initial encounter
M97.02XD	Periprosthetic fracture around internal prosthetic left hip joint, subsequent encounter
M97.02XS	Periprosthetic fracture around internal prosthetic left hip joint, sequela
S72.001A	Fracture of unspecified part of neck of right femur, initial encounter for closed fracture
S72.001D	Fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture with routine healing
S72.002D	Fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with routine healing
S72.141D	Displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing
S72.142D	Displaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing
T84.010A	Broken internal right hip prosthesis
T84.010D	Broken internal right hip prosthesis
T84.010S	Broken internal right hip prosthesis
T84.011A	Broken internal left hip prosthesis
T84.011D	Broken internal left hip prosthesis
T84.011S	Broken internal left hip prosthesis
T84.018A	Broken internal joint prosthesis
T84.018D	Broken internal joint prosthesis
T84.018S	Broken internal joint prosthesis
T84.019A	Broken internal joint prosthesis

T84.019D	Broken internal joint prosthesis
T84.019S	Broken internal joint prosthesis
T84.020A	Dislocation of internal right hip prosthesis
T84.020D	Dislocation of internal right hip prosthesis
T84.020S	Dislocation of internal right hip prosthesis
T84.021A	Dislocation of internal left hip prosthesis
T84.021D	Dislocation of internal left hip prosthesis
T84.021S	Dislocation of internal left hip prosthesis
T84.028A	Dislocation of other internal joint prosthesis
T84.028D	Dislocation of other internal joint prosthesis
T84.028S	Dislocation of other internal joint prosthesis
T84.029A	Dislocation of unspecified internal joint prosthesis
T84.029D	Dislocation of unspecified internal joint prosthesis
T84.029S	Dislocation of unspecified internal joint prosthesis
T84.030A	Mechanical loosening of internal right hip prosthetic joint
T84.030D	Mechanical loosening of internal right hip prosthetic joint
T84.030S	Mechanical loosening of internal right hip prosthetic joint
T84.038A	Mechanical loosening of other internal prosthetic joint
T84.038D	Mechanical loosening of other internal prosthetic joint
T84.038S	Mechanical loosening of other internal prosthetic joint
T84.039A	Mechanical loosening of unspecified internal prosthetic joint
T84.039D	Mechanical loosening of unspecified internal prosthetic joint
T84.039S	Mechanical loosening of unspecified internal prosthetic joint
T84.050A	Periprosthetic osteolysis of internal prosthetic right hip joint
T84.050D	Periprosthetic osteolysis of internal prosthetic right hip joint
T84.050S	Periprosthetic osteolysis of internal prosthetic right hip joint
T84.051A	Periprosthetic osteolysis of internal prosthetic left hip joint

T84.051D	Periprosthetic osteolysis of internal prosthetic left hip joint
T84.051S	Periprosthetic osteolysis of internal prosthetic left hip joint
T84.058A	Periprosthetic osteolysis of other internal prosthetic joint
T84.058D	Periprosthetic osteolysis of other internal prosthetic joint
T84.058S	Periprosthetic osteolysis of other internal prosthetic joint
T84.060A	Wear of articular bearing surface of internal prosthetic right hip joint
T84.060D	Wear of articular bearing surface of internal prosthetic right hip joint
T84.060S	Wear of articular bearing surface of internal prosthetic right hip joint
T84.061A	Wear of articular bearing surface of internal prosthetic left hip joint
T84.061D	Wear of articular bearing surface of internal prosthetic left hip joint
T84.061S	Wear of articular bearing surface of internal prosthetic left hip joint
T84.068A	Wear of articular bearing surface of other internal prosthetic joint
T84.068D	Wear of articular bearing surface of other internal prosthetic joint
T84.068S	Wear of articular bearing surface of other internal prosthetic joint
T84.090A	Other mechanical complication of internal right hip prosthesis
T84.090D	Other mechanical complication of internal right hip prosthesis
T84.090S	Other mechanical complication of internal right hip prosthesis
T84.091A	Other mechanical complication of internal left hip prosthesis
T84.091D	Other mechanical complication of internal left hip prosthesis

T84.091S	Other mechanical complication of internal left hip prosthesis
T84.098A	Other mechanical complication of other internal joint prosthesis
T84.098D	Other mechanical complication of other internal joint prosthesis
T84.098S	Other mechanical complication of other internal joint prosthesis
T84.099A	Other mechanical complication of unspecified internal joint prosthesis
T84.099D	Other mechanical complication of unspecified internal joint prosthesis
T84.099S	Other mechanical complication of unspecified internal joint prosthesis
T84.110A	Breakdown (mechanical) of internal fixation device of right humerus
T84.114A	Breakdown (mechanical) of internal fixation device of right femur
T84.114D	Breakdown (mechanical) of internal fixation device of right femur
T84.114S	Breakdown (mechanical) of internal fixation device of right femur
T84.115A	Breakdown (mechanical) of internal fixation device of left femur
T84.115D	Breakdown (mechanical) of internal fixation device of left femur
T84.115S	Breakdown (mechanical) of internal fixation device of left femur
T84.124A	Displacement of internal fixation device of right femur
T84.124D	Displacement of internal fixation device of right femur
T84.124S	Displacement of internal fixation device of right femur
T84.125A	Displacement of internal fixation device of left femur
T84.125D	Displacement of internal fixation device of left femur

T84.125S	Displacement of internal fixation device of left femur
T84.129A	Displacement of internal fixation device of unspecified bone of limb
T84.129D	Displacement of internal fixation device of unspecified bone of limb
T84.129S	Displacement of internal fixation device of unspecified bone of limb
T84.194A	Other mechanical complication of internal fixation device of right femur
T84.194D	Other mechanical complication of internal fixation device of right femur
T84.194S	Other mechanical complication of internal fixation device of right femur
T84.195A	Other mechanical complication of internal fixation device of left femur
T84.195D	Other mechanical complication of internal fixation device of left femur
T84.195S	Other mechanical complication of internal fixation device of left femur
T84.218A	Breakdown (mechanical) of internal fixation device of other bones
T84.218D	Breakdown (mechanical) of internal fixation device of other bones
T84.218S	Breakdown (mechanical) of internal fixation device of other bones
T84.228A	Displacement of internal fixation device of other bones
T84.228D	Displacement of internal fixation device of other bones
T84.228S	Displacement of internal fixation device of other bones
T84.298A	Other mechanical complication of internal fixation device of other bones
T84.298D	Other mechanical complication of internal fixation device of other bones

T84.298S	Other mechanical complication of internal fixation device of other bones
T84.318A	Breakdown (mechanical) of other bone devices
T84.318D	Breakdown (mechanical) of other bone devices
T84.318S	Breakdown (mechanical) of other bone devices
T84.328A	Displacement of other bone devices
T84.328D	Displacement of other bone devices
T84.328S	Displacement of other bone devices
T84.398A	Other mechanical complication of other bone devices
T84.398D	Other mechanical complication of other bone devices
T84.398S	Other mechanical complication of other bone devices
T84.418A	Breakdown (mechanical) of other internal orthopedic devices
T84.418D	Breakdown (mechanical) of other internal orthopedic devices
T84.418S	Breakdown (mechanical) of other internal orthopedic devices
T84.428A	Displacement of other internal orthopedic devices
T84.428D	Displacement of other internal orthopedic devices
T84.428S	Displacement of other internal orthopedic devices
T84.498A	Other mechanical complication of other internal orthopedic devices
T84.498D	Other mechanical complication of other internal orthopedic devices
T84.498S	Other mechanical complication of other internal orthopedic devices
T84.52XA	Infection and inflammatory reaction due to internal left hip prosthesis
T84.52XD	Infection and inflammatory reaction due to internal left hip prosthesis
T84.52XS	Infection and inflammatory reaction due to internal left hip prosthesis

T84.59XA	Infection and inflammatory reaction due to other internal joint prosthesis
T84.59XD	Infection and inflammatory reaction due to other internal joint prosthesis
T84.59XS	Infection and inflammatory reaction due to other internal joint prosthesis
T84.60XA	Infection and inflammatory reaction due to internal fixation device of unspecified site
T84.60XD	Infection and inflammatory reaction due to internal fixation device of unspecified site
T84.60XS	Infection and inflammatory reaction due to internal fixation device of unspecified site
T84.620A	Infection and inflammatory reaction due to internal fixation device of right femur
T84.620D	Infection and inflammatory reaction due to internal fixation device of right femur
T84.620S	Infection and inflammatory reaction due to internal fixation device of right femur
T84.621A	Infection and inflammatory reaction due to internal fixation device of left femur
T84.621D	Infection and inflammatory reaction due to internal fixation device of left femur
T84.621S	Infection and inflammatory reaction due to internal fixation device of left femur
T84.7XXA	Infection and inflammatory reaction due to other internal orthopedic prosthetic devices
T84.7XXD	Infection and inflammatory reaction due to other internal orthopedic prosthetic devices
T84.7XXS	Infection and inflammatory reaction due to other internal orthopedic prosthetic devices
T84.81XA	Embolism due to internal orthopedic prosthetic devices
T84.81XD	Embolism due to internal orthopedic prosthetic devices
T84.81XS	Embolism due to internal orthopedic prosthetic devices

T84.82XA	Fibrosis due to internal orthopedic prosthetic devices
T84.82XD	Fibrosis due to internal orthopedic prosthetic devices
T84.82XS	Fibrosis due to internal orthopedic prosthetic devices
T84.83XA	Hemorrhage due to internal orthopedic prosthetic devices
T84.83XD	Hemorrhage due to internal orthopedic prosthetic devices
T84.83XS	Hemorrhage due to internal orthopedic prosthetic devices
T84.84XA	Pain due to internal orthopedic prosthetic devices
T84.84XD	Pain due to internal orthopedic prosthetic devices
T84.84XS	Pain due to internal orthopedic prosthetic devices
T84.85XA	Stenosis due to internal orthopedic prosthetic devices
T84.85XD	Stenosis due to internal orthopedic prosthetic devices
T84.85XS	Stenosis due to internal orthopedic prosthetic devices
T84.86XA	Thrombosis due to internal orthopedic prosthetic devices
T84.86XD	Thrombosis due to internal orthopedic prosthetic devices
T84.86XS	Thrombosis due to internal orthopedic prosthetic devices
T84.89XA	Other specified complication of internal orthopedic prosthetic devices
T84.89XD	Other specified complication of internal orthopedic prosthetic devices
T84.89XS	Other specified complication of internal orthopedic prosthetic devices
T84.9XXA	Unspecified complication of internal orthopedic prosthetic device
T84.9XXD	Unspecified complication of internal orthopedic prosthetic device
T84.9XXS	Unspecified complication of internal orthopedic prosthetic device
Z96.641	Presence of right artificial hip joint
Z96.642	Presence of left artificial hip joint
Z96.649	Presence of unspecified artificial hip joint

Presentation and Etiology

Causes and Risk Factors⁶

- Patients over 50 years of age⁷
- Higher prevalence in females⁸
- Genetic predisposition^{9,10}
- Obesity^{6,7,11}
- Occupations that require heavy lifting, climbing stairs, prolonged kneeling or squatting¹²
- History of trauma affecting the joint or subchondral bone adjacent to the joint¹¹
- Femoroacetabular impingement (FAI)^{10,13}
- Developmental dysplasia of the hip (DDH)^{10,14}
- History of Perthes disease
- History of slipped capital femoral epiphysis (SCFE)

Clinical Presentation

Typical presentation includes insidious onset of:^{2,6}

- Pain
- Stiffness
- Instability
- Limited range of motion at the hip
- Weakness
- Limp (antalgic gait)

Pain due to hip OA may present as groin, thigh, buttock, or knee pain.

Typical Physical Exam Findings²

- Limited passive range of motion (especially internal rotation)
- Painful range of motion
- Quadriceps or gluteal weakness or atrophy
- Antalgic Gait¹⁵
- Leg length discrepancy
- Fixed hip flexion or external rotation

Straight leg raise may cause groin pain (e.g., Stinchfield test), not buttock or posterior leg pain.

Typical Diagnostic Findings

Radiography can help physicians diagnose osteoarthritis of the hip.^{3,16}

Common diagnostic findings on a radiograph include but are not limited to

significant joint space narrowing, complete joint space loss, marginal osteophytes, remodeling of the femoral head, and subchondral sclerosis.[3,17,18](#)

Care Path Services & Medical Necessity Criteria

Conservative Therapy

Service: Physical Therapy

General Guidelines

- **Units, Frequency, & Duration:** There is insufficient evidence available to support recommendations regarding timing, duration, and frequency of conservative treatment.
- **Criteria for Subsequent Requests:** The patient should be progressing towards goals in the physical therapy plan without fully obtaining all goals.
- **Recommended Clinical Approach:** The first line of treatment should be land-based. If land-based is not working, patients can try aquatic exercises. Physical therapy, including land-based or aquatic exercise and strengthening, is recommended for all patients with symptomatic hip osteoarthritis. Preoperative physical therapy is recommended.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

→ **Physical therapy** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ The patient has **ANY** positive findings from the [presentation](#) list^{2,6}:
 - Pain (presents as groin, thigh, buttock, or knee)
 - Stiffness
 - Instability
 - Limited range of motion at the hip
 - Weakness
 - Limp (antalgic gait)
- ◆ The patient has **ANY** positive findings from the [exam findings](#) list²:
 - Limited range of motion (especially internal rotation)
 - Painful range of motion
 - Quadriceps or gluteal weakness or atrophy
 - Gait disturbance

- Leg length discrepancy
 - Fixed hip flexion or external rotation
 - Straight leg raise causes groin pain
- ◆ A radiograph shows **ANY** of the following evidence of osteoarthritis of the hip^{3,17}:
- Joint space narrowing
 - Complete joint space loss
 - Remodeling of the femoral head
 - Marginal osteophytes
 - Subchondral sclerosis

Non-Indications

None.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97010	Application of hot or cold packs
97012	Application of mechanical traction
97014	Application of electrical stimulation
97016	Application of vasopneumatic devices
97018	Application of paraffin bath
97022	Application of whirlpool
97024	Application of diathermy
97026	Application of infrared modality
97028	Application of ultraviolet modality
97032	Application of manual electrical stimulation
97033	Application of iontophoresis
97034	Application of contrast baths
97035	Application of ultrasound modality

97036	Application of Hubbard tank
97039	Modality service
97110*	Therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and standing activities
97113	Aquatic therapy with therapeutic exercises
97116	Gait training including stair climbing
97124	Massage including effleurage and petrissage; Massage including effleurage and tapotement; Massage including effleurage, petrissage and tapotement; Massage including petrissage and tapotement
97139	Therapeutic procedure
97140	Manual therapy techniques
97150	Group therapeutic procedures
97164	Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient and family 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient's family 20 minutes
97530	Direct therapeutic activities with use of dynamic activities to improve functional performance, each 15 minutes
97535	Home management training, direct one-on-one contact, each 15 minutes; Self-care management training, direct one-on-one contact, each 15 minutes
97537	Community reintegration training, direct one-on-one contact, each 15 minutes; Work reintegration training, direct one-on-one contact, each 15 minutes

97542	Wheelchair management, each 15 minutes
97545	Work conditioning, initial 2 hours; Work hardening, initial 2 hours
97546	Work conditioning, each additional hour; Work hardening, each additional hour
97750	Physical performance measurement with written report, each 15 minutes; Physical performance test with written report, each 15 minutes
97755	Assistive technology assessment with written report, direct one-on-one contact, each 15 minutes
97760	Initial orthotic management and training with assessment and fitting of lower extremities and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremities, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity, each 15 minutes; Initial orthotic management and training with assessment and fitting of trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of upper and lower extremities and trunk, each 15 minutes
97761	Initial prosthetic training of lower extremities, each 15 minutes; Initial prosthetic training of lower extremity, each 15 minutes Initial prosthetic training of upper and lower extremities, each 15 minutes; Initial prosthetic training of upper extremities, each 15 minutes; Initial prosthetic training of upper extremity, each 15 minutes
97763	Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes Subsequent orthotic management and training of lower

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	<p>minutes</p> <p>Subsequent prosthetic management and training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic management of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremities and</p>
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	<p>trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremity, each 15 minutes</p> <p>Subsequent orthotic management and training of lower extremities, each 15 minutes</p> <p>Subsequent orthotic management of lower extremities, each 15 minutes</p> <p>Subsequent orthotic training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of lower extremities, each 15 minutes</p> <p>Subsequent orthotic training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremity and trunk, each 15 minutes</p>
97799	Unlisted physical medicine/rehabilitation service or procedure
420	Physical Therapy
421	Physical Therapy: Visit Charge
422	Physical Therapy: Hourly Charge
423	Physical Therapy: Group Rate
424	Physical Therapy: Evaluation/Re-evaluation
429	Physical Therapy: Other Physical Therapy
97163	Evaluation of physical therapy, typically 45 minutes

97161	Evaluation of physical therapy, typically 20 minutes
97162	Evaluation of physical therapy, typically 30 minutes
97168	Re-evaluation of occupational therapy established plan of care, typically 30 minutes
97165	Evaluation of occupational therapy, typically 30 minutes
97166	Evaluation of occupational therapy, typically 45 minutes
97167	Evaluation of occupational therapy established plan of care, typically 60 minutes
G0151	Hhcp-serv of pt,ea 15 min

*Default codes for suggested services

Advanced Imaging

Service: Magnetic Resonance Imaging (MRI) with or without contrast

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Radiography recommended on initial presentation of hip pain. MRI is warranted if a diagnosis is difficult to determine with radiography or if the physician suspects pathology other than osteoarthritis.¹⁶
- **Exclusions:** None.

Medical Necessity Criteria

Indications

→ **MRI with or without contrast** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ The patient has **ANY** positive findings from the [presentation](#) list^{2,6}:
 - Pain (presents as groin, thigh, buttock, or knee)
 - Stiffness
 - Instability
 - Limited range of motion at the hip
 - Weakness
- ◆ The patient has **ANY** positive findings from the [exam findings](#) list²:
 - Limited range of motion (especially internal rotation)
 - Painful range of motion
 - Quadriceps or gluteal weakness or atrophy
 - Antalgic gait
 - Leg length discrepancy
 - Fixed hip flexion or external rotation
 - Straight leg raise causes groin pain
- ◆ Radiograph shows **ANY** of the following findings of the hip³:
 - Requires further evaluation of the soft tissue around the hip^{16,19}
 - Evidence of avascular necrosis (AVN) of the femoral head¹⁶

Non-Indications

→ **MRI** may not be appropriate if **ANY** of the following is **TRUE**²⁰:

- ◆ Non-compatible implanted devices
- ◆ Metallic intraocular foreign bodies
- ◆ Claustrophobia

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
72195	Magnetic resonance imaging (MRI) of pelvis without contrast material
73718	Magnetic resonance imaging (MRI) of thigh between hip and knee without contrast material
73721	MRI of lower extremity
73722	MRI scan of leg joint with contrast
73723	MRI scan of leg joint with and without contrast
73719	MRI scan of leg with contrast
73720	MRI scan of leg with and without contrast
72196	Magnetic resonance imaging (MRI) of pelvis with contrast material
72197	Magnetic resonance imaging (MRI) of pelvis with and without contrast material

Service: Computed Tomography (CT) without contrast

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** CT is helpful for preoperative planning especially when there is a significant bone or joint deformity. CT is necessary for robot-assisted hip replacement surgery.²¹ The CT creates a 3D model of the hip joint which is analyzed by software to customize the surgical plan.²⁰
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **CT** is considered appropriate if **ANY** of the following is **TRUE**:
- ◆ There is a suspected fracture around the hip that requires further analysis.³
 - ◆ Significant bone loss in the hip or a joint deformity of the hip.³
 - ◆ The patient is scheduled for robot-assisted hip replacement.²¹

Non-Indications

None.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
73700	CT of lower extremity
73701	CT of lower extremity with contrast
73702	CT of lower extremity with and without contrast
72192	CT of pelvis
72193	CT of pelvis with contrast
72194	CT of pelvis with and without contrast
73700	CT of lower extremity

Surgical Management

Service: Total Hip Arthroplasty (THA)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Surgical intervention is appropriate in patients who have persistent and disabling symptoms despite conservative and non-surgical management. Total hip arthroplasty is the procedure of choice. Arthroscopic debridement is not recommended.²²⁻²³ Neuraxial anesthesia is appropriate to decrease postoperative pain and opioid use.²³ General anesthesia is also acceptable.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Total hip arthroplasty** is considered appropriate if **ALL** of the following are **TRUE**:
- ◆ Persistent symptoms of moderate to severe OA despite more than 6 weeks of conservative or non-surgical management.
 - ◆ The patient's symptoms limit their activities of daily living (ADLs).²⁴
 - ◆ A radiograph shows **ANY** of the following evidence of hip osteoarthritis³:
 - Joint space narrowing (less than 50%) and marginal osteophytes or subchondral sclerosis
 - Remodeling of the femoral head or marginal osteophytes or subchondral sclerosis
 - Joint space narrowing (greater than 50%)
 - Complete joint space loss

Non-Indications⁷

- **Total hip arthroplasty** is considered appropriate if **ANY** of the following is **TRUE**:
- ◆ Skeletal immaturity²⁵
 - ◆ Active infection
 - ◆ Quadriplegia²⁶

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
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27130	Replacement of thigh bone and hip joint prosthesis
27132	Conversion of previous replacement of thigh bone and hip joint prosthesis
27236	Open treatment of broken thigh bone with insertion of hardware or prosthetic replacement

Service: Revision of Prior Arthroplasty

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** If a patient has had a joint arthroplasty and presents with pain that may be due to infection, recurrent hip dislocation, aseptic loosening, wear, mechanical failure of prosthesis, or fracture, then revision surgery may be indicated.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- A **revision of prior arthroplasty** is considered appropriate if **ALL** of the following are **TRUE**:
- ◆ The patient has **ANY** of the following findings²⁷:
 - Pain
 - Infection
 - Instability
 - Loosening of the prosthesis
 - Failure of the prosthesis
 - Periprosthetic fracture
 - ◆ The patient has **ANY** of the following advanced imaging or radiography findings²⁷:
 - Loosening of the prosthesis
 - Failure of the prosthesis
 - Malpositioned components
 - Periprosthetic fracture

Non-Indications

None.

Site of Service Criteria

Inpatient or outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
27134	Revision of thigh bone and hip joint prosthesis
27137	Revision of hip joint prosthesis

27138	Revision of femoral component of total hip arthroplasty; Revision of femoral component of total hip arthroplasty with allograft
26990	Drainage of abscess or blood accumulation in pelvis or hip joint
26991	Incision of infected fluid filled sac (bursa) of pelvis or hip joint
27030	Incision of hip joint with drainage
27250	Treatment of hip dislocation

Surgical Risk Factors

Patient Medical Risk Stratification

Patient Risk Score	Patient Characteristic	Min Range	Max Range	Guidance
1- Very Low Risk	No known medical problems			
2- Low Risk	Hypertension		180/110 mm Hg	
2- Low Risk	Asthma	peak flow >80% of predicted or personal best value		
2- Low Risk	Prior history of alcohol abuse			Screen for liver disease and malnutrition
2- Low Risk	Prior history of tobacco use			
3- Intermediate Risk	Asthma	peak flow <80% of predicted or personal best value		
3- Intermediate Risk	Active alcohol abuse			
3- Intermediate Risk	Age	65	75	
3- Intermediate Risk	History of treated, stable coronary artery disease (CAD)			
3- Intermediate Risk	Stable atrial fibrillation			
3- Intermediate Risk	Diabetes mellitus	HbA1C >7%		
3- Intermediate Risk	Morbid obesity	BMI 30	BMI 40	
3- Intermediate Risk	Anemia	hemoglobin <11 (females), <12 (males)		Workup to identify etiology
3- Intermediate Risk	HIV	CD4 <200 cells/mm3		Get clearance from HIV specialist

3- Intermediate Risk	Rheumatologic disease			Preoperative consultation with rheumatologist re: perioperative medication management
3- Intermediate Risk	Peripheral vascular disease or history of peripheral vascular bypass	ankle-brachial pressure index (ABPI) <0.9		Preoperative consultation with vascular surgeon
3- Intermediate Risk	History of venous thromboembolism (VTE)			
3- Intermediate Risk	Well-controlled obstructive sleep apnea			
3- Intermediate Risk	Malnutrition	transferrin <200 mg/dL albumin <3.5 g/dL prealbumin <22.5 mg/dL total lymphocyte count <1200-1500 cell/mm ³ BMI <18		Preoperative consultation with nutritionist
3- Intermediate Risk	Active tobacco Use			Enroll patient in smoking cessation program
4- High Risk	Diabetes mellitus with complications	HbA1c >8%		
4- High Risk	Age	76	85	
4- High Risk	Oxygen dependent pulmonary disease			
4- High Risk	Sickle cell anemia			
4- High Risk	Obesity	BMI 40		
4- High Risk	Cirrhosis, history of hepatic decompensation or variceal bleeding			

4- High Risk	Impaired cognition; dementia			
4- High Risk	Compensated CHF			
4- High Risk	Cerebrovascular disease			
4- High Risk	Uncontrolled or suspected obstructive sleep apnea (OSA)			
4- High Risk	Renal insufficiency	serum creatinine >1.5 mg/dL or creatinine clearance <100 mL/min		
4- High Risk	Opioid dependence			
4- High Risk	End Stage Liver Disease			
4- High Risk	Uncontrolled Seizure Disorder			
4- High Risk	History of Malignant Hyperthermia			
5- Very High Risk	Cardiovascular: unstable angina, recent myocardial infarction (60 days), uncontrolled atrial fibrillation or other high-grade abnormal rhythm, severe valvular disease, decompensated heart failure			
5- Very High Risk	Primary pulmonary hypertension			Preoperative consultation with pulmonologist warranted
5- Very High Risk	Cirrhosis or severe liver disease, history of hepatic decompensation or variceal bleeding			
5- Very High Risk	Severe frailty, dependence for ADLs, or history of 3 or more falls in last 6 mos			
5- Very High Risk	Obesity		BMI >50	
5- Very High Risk	Age		>85	

5- Very High Risk	History of VTE with CI to anticoagulation, failure of anticoagulation, cessation of anticoagulation therapy secondary to bleeding			Preoperative consultation with hematologist or internist
5- Very High Risk	Renal failure requiring dialysis			
5- Very High Risk	Immunosuppression			
5- Very High Risk	Chronic Pain			

Post-Acute Care

Service: Physical Therapy

General Guidelines

- **Units, Frequency, & Duration:** There is insufficient evidence available to support recommendations regarding timing, duration, and frequency of treatment.
- **Criteria for Subsequent Requests:** The patient should be progressing towards goals in the physical therapy plan without fully obtaining all goals.
- **Recommended Clinical Approach:** None.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Post-acute physical therapy** is considered appropriate if **ANY** of the following is **TRUE**²⁸:
- ◆ The patient underwent total hip arthroplasty.

Non-Indications

None.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97010	Application of hot or cold packs
97012	Application of mechanical traction
97014	Application of electrical stimulation
97016	Application of vasopneumatic devices
97018	Application of paraffin bath
97022	Application of whirlpool

97024	Application of diathermy
97026	Application of infrared modality
97028	Application of ultraviolet modality
97032	Application of manual electrical stimulation
97033	Application of iontophoresis
97034	Application of contrast baths
97035	Application of ultrasound modality
97036	Application of Hubbard tank
97039	Modality service
97110*	Therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and standing activities
97113	Aquatic therapy with therapeutic exercises
97116	Gait training including stair climbing
97124	Massage including effleurage and petrissage; Massage including effleurage and tapotement; Massage including effleurage, petrissage and tapotement; Massage including petrissage and tapotement
97139	Therapeutic procedure
97140	Manual therapy techniques
97150	Group therapeutic procedures
97164	Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient and family 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient's family 20 minutes

97530	Direct therapeutic activities with use of dynamic activities to improve functional performance, each 15 minutes
97535	Home management training, direct one-on-one contact, each 15 minutes; Self-care management training, direct one-on-one contact, each 15 minutes
97537	Community reintegration training, direct one-on-one contact, each 15 minutes; Work reintegration training, direct one-on-one contact, each 15 minutes
97542	Wheelchair management, each 15 minutes
97545	Work conditioning, initial 2 hours; Work hardening, initial 2 hours
97546	Work conditioning, each additional hour; Work hardening, each additional hour
97750	Physical performance measurement with written report, each 15 minutes; Physical performance test with written report, each 15 minutes
97755	Assistive technology assessment with written report, direct one-on-one contact, each 15 minutes
97760	Initial orthotic management and training with assessment and fitting of lower extremities and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremities, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity, each 15 minutes; Initial orthotic management and training with assessment and fitting of trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of upper and lower extremities and trunk, each 15 minutes

97761	<p>Initial prosthetic training of lower extremities, each 15 minutes;</p> <p>Initial prosthetic training of lower extremity, each 15 minutes</p> <p>Initial prosthetic training of upper and lower extremities, each 15 minutes;</p> <p>Initial prosthetic training of upper extremities, each 15 minutes;</p> <p>Initial prosthetic training of upper extremity, each 15 minutes</p>
97763	<p>Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of lower extremity, each 15 minutes</p> <p>Subsequent orthotic management and training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of upper extremities, each 15 minutes</p> <p>Subsequent orthotic management and training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of upper extremity, each 15 minutes</p> <p>Subsequent orthotic management of lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management of lower extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic management of lower extremity, each 15 minutes</p> <p>Subsequent orthotic management of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management of upper extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management of upper extremities, each 15 minutes</p> <p>Subsequent orthotic management of upper extremity and</p>

	<p>trunk, each 15 minutes</p> <p>Subsequent orthotic management of upper extremity, each 15 minutes</p> <p>Subsequent orthotic training of lower extremity, each 15 minutes</p> <p>Subsequent orthotic training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremities, each 15 minutes</p> <p>Subsequent orthotic training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic management of upper and lower</p>
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	<p>extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremity, each 15 minutes</p> <p>Subsequent orthotic management and training of lower extremities, each 15 minutes</p> <p>Subsequent orthotic management of lower extremities, each 15 minutes</p> <p>Subsequent orthotic training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of lower extremities, each 15 minutes</p> <p>Subsequent orthotic training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremities, each 15</p>
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	minutes Subsequent prosthetic training of lower extremity and trunk, each 15 minutes
97799	Unlisted physical medicine/rehabilitation service or procedure
420	Physical Therapy
421	Physical Therapy: Visit Charge
422	Physical Therapy: Hourly Charge
423	Physical Therapy: Group Rate
424	Physical Therapy: Evaluation/Re-evaluation
429	Physical Therapy: Other Physical Therapy
97163	Evaluation of physical therapy, typically 45 minutes
97161	Evaluation of physical therapy, typically 20 minutes
97162	Evaluation of physical therapy, typically 30 minutes
97168	Re-evaluation of occupational therapy established plan of care, typically 30 minutes
97165	Evaluation of occupational therapy, typically 30 minutes
97166	Evaluation of occupational therapy, typically 45 minutes
97167	Evaluation of occupational therapy established plan of care, typically 60 minutes
G0151	Hhcp-serv of pt,ea 15 min

*Default codes for suggested services

Service: Home Health Care

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** May be recommended for postoperative care if outpatient treatment is not appropriate.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Home health care** may be appropriate if **ALL** of the following are **TRUE**:
- ◆ The patient lives with those that are unable to care for the patient postoperatively.
 - ◆ The patient underwent total hip arthroplasty (THA)

Non-Indications

None.

Site of Service Criteria

Home

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
99509	Home visit for assistance with activities of daily living and personal care
99600	Unlisted home visit procedure; Unlisted home visit service
99334	Level 1 rest home visit for evaluation and management of established patient with minor and/or self-limited problem, including problem-focused interval history and physical examination, and straightforward medical decision-making, typical time with patient, family, and/or caregiver 15 minutes
G0129	Partial hosp prog service
G0283	Elec stim other than wound

Service: Inpatient Rehabilitation

General Guidelines

- **Units, Frequency, & Duration:** Postoperative rehabilitation is recommended to begin as soon as possible for all patients. No guidelines are available for the specific duration, timing, or frequency of inpatient rehabilitation. Inpatient rehabilitation is rarely required following a routine total hip arthroplasty.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** There are no firmly established criteria for discharge appropriateness. Discharge depends upon medical stability, pain control, home situation, and if PT/OT goals were met. Some patients may require non-home discharge after surgery depending upon their age, comorbidities, and functional needs.²⁹
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Post-acute inpatient rehabilitation** is considered appropriate if **ALL** of the following is **TRUE**:
- ◆ If **ANY** of the following are **TRUE**:
 - Neurologic deficit occurs postoperatively
 - Postoperative complications
 - Multiple medical comorbidities
 - The patient requires maximum assistance for mobility
 - The patient does not have others to care for them at home
 - ◆ The patient underwent knee arthroplasty or osteotomy.

Non-Indications

None.

Site of Service Criteria

Inpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97799	Physical medicine service

Service: Skilled Nursing Facility

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** May be indicated for postoperative care in cases where the surgery occurred at an inpatient hospital, and outpatient physical therapy or home health care are not indicated.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Skilled nursing facilities** are considered appropriate if **ALL** of the following is **TRUE**:
- ◆ If **ANY** of the following are **TRUE**:
 - ◆ Neurologic deficit occurs postoperatively
 - ◆ Postoperative complications
 - ◆ Multiple medical comorbidities
 - ◆ The patient requires maximum assistance for mobility
 - ◆ The patient does not have others to care for them at home
 - ◆ The patient underwent knee arthroplasty or osteotomy.

Non-Indications

None.

Site of Service Criteria

Nursing facility

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
99304	Level 1 initial nursing facility care for evaluation and management of patient with problem of low severity, including comprehensive history and physical examination, and medical decision-making of low complexity, typical time 25 minutes; Level 1 initial nursing facility care for evaluation and management of patient with problem of low severity, including detailed history

	and physical examination, and straightforward medical decision-making, typical time 25 minutes
99305	Level 2 initial nursing facility care for evaluation and management of patient with problem of moderate severity, including comprehensive history and physical examination, and medical decision-making of moderate complexity, typical time 35 minutes
99306	Level 3 initial nursing facility care for evaluation and management of patient with problem of high severity, including comprehensive history and physical examination, and medical decision-making of high complexity, typical time 45 minutes
99307	Level 1 subsequent nursing facility care for evaluation and management of patient, including problem-focused interval history and physical examination, and straightforward medical decision-making, typical time 10 minutes; Level 1 subsequent nursing facility care for evaluation and management of patient, including problem-focused interval history and physical examination, typical time 10 minutes; Level 1 subsequent nursing facility care for evaluation and management of patient, including problem-focused interval history and straightforward medical decision-making, typical time 10 minutes; Level 1 subsequent nursing facility care for evaluation and management of patient, including problem-focused physical examination and straightforward medical decision-making, typical time 10 minutes
99308	Level 2 subsequent nursing facility care for evaluation and management of patient, including expanded problem-focused interval history and medical decision-making of low complexity, typical time 15 minutes; Level 2 subsequent nursing facility care for evaluation and management of patient, including expanded problem-focused interval history and physical examination, and medical decision-making of low complexity, typical time 15 minutes; Level 2 subsequent nursing facility care for evaluation and management of patient, including expanded problem-focused interval history and physical examination, typical time 15 minutes; Level 2 subsequent nursing facility care for evaluation and

	management of patient, including expanded problem-focused physical examination and medical decision-making of low complexity, typical time 15 minutes
99309	Level 3 subsequent nursing facility care for evaluation and management of patient, including detailed interval history and medical decision-making of moderate complexity, typical time 25 minutes; Level 3 subsequent nursing facility care for evaluation and management of patient, including detailed interval history and physical examination, and medical decision-making of moderate complexity. typical time 25 minutes; Level 3 subsequent nursing facility care for evaluation and management of patient, including detailed interval history and physical examination, typical time 25 minutes; Level 3 subsequent nursing facility care for evaluation and management of patient, including detailed physical examination and medical decision-making of moderate complexity, typical time 25 minutes
99310	Level 4 subsequent nursing facility care for evaluation and management of patient, including comprehensive interval history and medical decision-making of high complexity, typical time 35 minutes; Level 4 subsequent nursing facility care for evaluation and management of patient, including comprehensive interval history and physical examination, and medical decision-making of high complexity, typical time 35 minutes; Level 4 subsequent nursing facility care for evaluation and management of patient, including comprehensive interval history and physical examination, typical time 35 minutes; Level 4 subsequent nursing facility care for evaluation and management of patient, including comprehensive physical examination and medical decision-making of high complexity, typical time 35 minutes
99315	Nursing facility discharge day management, 30 minutes or less
99316	Nursing facility day management, more than 30 minutes
G0128	Corf skilled nursing service

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