Medica

UTILIZATION MANAGEMENT POLICY

TITLE: HIP ARTHROPLASTY/REPLACEMENT AND HIP RESURFACING

EFFECTIVE DATE: June 15, 2023

THIS POLICY APPLIES TO:

- IFB MEMBERS WHOSE PLANS ARE HEADQUARTERED IN NEBRASKA, WITH THE EXCEPTION OF MEMBERS IN THE *MEDICA WITH CHI* PRODUCT
- IFB MEMBERS WHOSE PLANS ARE HEADQUARTERED IN IOWA
- COMMERCIAL MEMBERS WHOSE PLANS ARE HEADQUARTERED IN NEBRASKA.

FOR OTHER PRODUCTS, PROVIDERS ARE DIRECTED TO CALL THE MEDICA PROVIDER SERVICE CENTER (SEE BELOW), AND MEMBERS CAN CONTACT THE CUSTOMER SERVICE NUMBER LISTED ON THEIR MEMBER IDENTIFICATION CARD.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Medica may use tools developed by third parties, such as MCG Care Guidelines®, to assist in administering health benefits. Medica utilization management (UM) policies and MCG Care Guidelines are not intended to be used without the independent clinical judgment of a qualified health care provider taking into account the individual circumstances of each member's case. Medica UM policies and MCG Care Guidelines do not constitute the practice of medicine or medical advice. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

PURPOSE

To promote consistency between reviewers in utilization management decision-making by providing the criteria that generally determine the medical necessity of total hip arthroplasty and hip resurfacing. The Benefit Considerations box below outlines the process for addressing the needs of individuals who do not meet these criteria.

MEDICAL NECESSITY CRITERIA

For medical necessity criteria, Medica uses MCG™ Care Guidelines, 27th edition, 2023: *ORG: S-560 (ISC), Hip Arthroplasty* and *ORG: S-565, Hip Resurfacing*.

BENEFIT CONSIDERATIONS

1. Prior authorization **is required** for initial hip arthroplasty/replacement and hip resurfacing for **IFB members whose plans are headquartered in Nebraska and Iowa, and for Commercial members headquartered in Nebraska.** Please see the prior authorization list for product specific prior authorization requirements.
2. Prior authorization **is not required** for members in the ***Medical with CHI*** product. Please see the prior authorization list for product specific prior authorization requirements.
3. Procedures performed in an ambulatory surgery center (ASC) **do not require** prior authorization.
4. Prior authorization **is not required** when the procedure is emergent in nature.
5. Prior authorization **is not required** for revision of hip arthroplasty.

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6. Coverage may vary according to the terms of the member's plan document.
7. If the Medical Necessity and Coverage Criteria are met, Medica will authorize benefits within the limits in the member's plan document.
8. If it appears that the Medical Necessity and Coverage Criteria are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are reminded of the appeals process in their Medica Provider Administrative Manual.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at: https://www.cms.gov/medicare-coverage-database/new-search/search.aspx

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

- For MHCP members, refer to https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000094#
- No MHCP policy found as of 06/04/2021.

DOCUMENT HISTORY

Original Effective Date	January 01, 2023
Began use of MCG™ Care Guideline	01/01/2023 (26th Edition)
MCG Care Guidelines Edition Updates *(Medica Effective Date)*	27th edition: 06/15/2023
Administrative Update(s)	