MINIMALLY INVASIVE TOTAL HIP ARTHROPLASTY
RRU1200.003
BlueReview POSTED DATE: 11/17/2003
EFFECTIVE DATE: 2/27/2004

COVERAGE:

Health Care Service Corporation (HCSC) recognizes that there are frequently different surgical approaches for the same procedure codes. HCSC chooses to not differentiate between these surgical approaches in terms of reimbursement.

Minimally Invasive Total Hip Arthroplasty (THA) is not eligible for additional reimbursement beyond that of the standard approach procedure.

DESCRIPTION:

THA (commonly referred as a Total Hip Replacement) is a surgical procedure in which the hip joint is reconstructed and replaced with an artificial joint using metal components. The standard approach of THA involves a skin incision site of > (greater than) 10 cm. The minimally invasive approach of THA involves a skin incision site of < (less than) 10 cm. The skin incision sites are used to insert, position and fixate the hip components.

RATIONALE:

Studies currently available document no significant difference between the standard open procedure and the minimally invasive approach in regards to:

- Operative time;
- Post operative wound drainage;
- Narcotic requirements;
- Component position and fixation; and
- Complications.

Possible benefits of a minimally invasive THA include:

- Reduced operative blood loss;
- Earlier return to ambulation; and
- Earlier initiation of rehabilitation and decreased length of stay.

The disadvantages of a minimally invasive THA include:

- A procedure that is technically more complicated;
- The potential for inadequate visualization; and
- Additional surgeon education and operative skill to perform the procedure.
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procedure safely and effectively.

There are currently no scientific data to support any differences in the long term benefits or patient outcomes of the minimally invasive approach versus the standard surgical technique approach of a THA.

PRICING:

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REFERENCES:


DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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