

JE HIP ARTHROPLASTY POLICY CHECKLIST

This checklist is intended to provide healthcare providers with a reference for use when responding to documentation requests for this service. It is not intended to replace the published guidelines or policy.

Policy Reference

- [Total Hip Arthroplasty LCD Policy \(L34163\)](#)
- [Policy Article \(A57683\)](#)

Documentation Reference

- [Part A Total Hip Arthroplasty Documentation Requirements](#)
- [MLN Article Major Joint Replacement \(Hip or Knee\)](#)

Coverage

Advanced joint disease, Rheumatoid arthritis, traumatic arthritis, malignancies of the hip, Osteonecrosis of the femoral head, bone on bone articulation or severe deformity

Medical Documentation

- Legible handwritten physician or clinician's signature
- Valid electronic physician or clinician's signature
- Physician or Non-Physician Practitioner order for date of service
- Physician certification of medical necessity of admission, if applicable
- Legible procedure note or report that includes sufficient detail to allow for reconstruction of procedure
- Records of patient's condition before, during and after this billing period to support medical necessity
- Documentation supporting pain history and functional disability
- Documentation supporting unsuccessful and reasonable attempts at conservative therapy
- Pre-procedure radiographic evidence (or MRI when conventional radiography is not available)
- Medical Administration Record (MAR)
- Observation orders and daily progress notes, if applicable

Rehabilitation records

Disposition or discharge notes or hospital discharge summary

Documentation to support indications and criteria as specified in Local Coverage Determinations (LCDs) or National Coverage Determinations (NCD)