

## **JF 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 \(L36573\)](#)
- [Policy Article \(A57684\)](#)

### **Documentation Reference**

- [Part A Total Hip Arthroplasty Documentation Requirements](#)
- [CMS 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)