MASSACHUSETTS

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Medical Policy
Hip Resurfacing

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Policy Number: 046

BCBSA Reference Number: 7.01.80 (For Plan internal use only)
NCD/LCD: N/A

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO Blue[SM] and Medicare PPO Blue[SM] Members

Metal-on-metal total hip resurfacing with a device system approved by the U.S. Food and Drug Administration (FDA) may be considered **MEDICALLY NECESSARY** as an alternative to total hip replacement when the individual:

- Is a candidate for total hip replacement; **AND**
- Is likely to outlive a traditional prosthesis; **AND**
- Does not have a contraindication* for total hip resurfacing.

*The FDA lists several contraindications for total hip resurfacing.

These contraindications include, but are not limited to, the following:

- Bone stock inadequate to support the device due to:
  - severe osteopenia or a family history of severe osteoporosis or severe osteopenia
  - osteonecrosis or avascular necrosis with more than 50% involvement of the femoral head
  - multiple cysts of the femoral head (>1 cm)
- Skeletal immaturity
- Vascular insufficiency, muscular atrophy, or neuromuscular disease severe enough to compromise implant stability or postoperative recovery
- Known moderate-to-severe renal insufficiency
- Severely overweight
- Known or suspected metal sensitivity
- Immunosuppressed or receiving high doses of corticosteroids
- Individuals with childbearing potential of childbearing age due to unknown effects on the fetus of metal ion release.

Partial hip resurfacing with an FDA approved device may be considered **MEDICALLY NECESSARY** in patients with osteonecrosis of the femoral head who have one or more contraindications for metal-on-metal implants and meet all of the following criteria:

- The individual is a candidate for total hip replacement; **AND**
- Is likely to outlive a traditional prosthesis; **AND**
- The individual has known or suspected metal sensitivity or concern about potential effects of metal ions; **AND**
- There is no more than 50% involvement of the femoral head; **AND**
- There is minimal change in acetabular cartilage or articular cartilage space identified on radiography.

All other types and applications of hip resurfacing are considered **INVESTIGATIONAL**.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is not required.
Commercial PPO and Indemnity	Prior authorization is not required.
Medicare HMO Blue℠	Prior authorization is not required.
Medicare PPO Blue℠	Prior authorization is not required.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

HCPCS Codes

HCPCS codes:	Code Description
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT codes above if medical necessity criteria are met:

ICD-10 Diagnosis Codes

ICD-10-CM-codes:	Code Description
M16.0	Bilateral 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
M16.30	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
M16.50	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
M87.051	Idiopathic aseptic necrosis of right femur
M87.052	Idiopathic aseptic necrosis of left femur
M87.059	Idiopathic aseptic necrosis of unspecified femur

Description

Total Hip Resurfacing

Hip resurfacing is an alternative to total hip arthroplasty (THA; also known as total hip replacement) for patients with advanced arthritis of the hip. Total hip resurfacing describes the placement of a shell that covers the femoral head together with implantation of an acetabular cup. Partial hip resurfacing is considered a treatment option for avascular necrosis with collapse of the femoral head.

Total hip resurfacing has been investigated in patients with osteoarthritis, rheumatoid arthritis, and advanced avascular necrosis as an alternative to THA, particularly in young active patients who would potentially outlive a total hip prosthesis. Therefore, hip resurfacing could be viewed as a time-buying procedure to delay the need for a THA. Proposed advantages of total hip resurfacing compared with THA include preservation of the femoral neck and femoral canal, thus facilitating revision or conversion to a total hip resurfacing, if required. In addition, the resurfaced head is more similar in size to the normal femoral head, thus increasing the stability and decreasing the risk of dislocation compared with THA.

Total hip resurfacing has undergone various evolutions, with modifications in prosthetic design and composition and implantation techniques. For example, similar to total hip prostheses, the acetabular components of total hip resurfacing have been composed of polyethylene. However, over time it became apparent that device failure was frequently related to the inflammatory osteolytic reaction to polyethylene debris wear particles. Metal acetabular components have since been designed to improve implant longevity. Sensitivity to wear particles from metal-on-metal chromium and cobalt implant components are of increasing concern.

Summary

Description

Hip resurfacing is an alternative to total hip arthroplasty (also known as hip replacement) for patients with advanced arthritis of the hip. Total hip resurfacing describes the placement of a shell that covers the femoral head together with implantation of an acetabular cup in patients with painful hip joints. Partial hip resurfacing is considered a treatment option for avascular necrosis with collapse of the femoral head. Available prostheses are metal-on-metal devices.

Summary of Evidence

For individuals who have an indication for hip replacement who would outlive a traditional prosthesis and have no contraindication for hip resurfacing who receive a metal-on-metal total hip resurfacing device, the evidence includes randomized controlled trials (RCTs), numerous large observational studies, large registry studies, and systematic reviews. Relevant outcomes are symptoms, change in disease status, functional outcomes, health status measures, quality of life, and treatment-related morbidity. The efficacy of total hip

resurfacing performed with current techniques is similar to that for total hip arthroplasty (THA) over the short-to-medium term, and total hip resurfacing may permit easier conversion to a THA for younger patients expected to outlive their prosthesis. Based on potential ease of revision of total hip resurfacing compared with THA, current evidence supports conclusions that hip resurfacing presents a reasonable alternative for active patients who are considered too young for THA when performed by surgeons experienced in the technique. The literature on adverse events (eg, metallosis, pseudotumor formation, implant failure) is evolving as longer follow-up data become available. Due to the uncertain risk with metal-on-metal implants, the risk-benefit ratio needs to be considered carefully on an individual basis. In addition, emerging evidence has suggested an increased risk of failure in women, possibly due to smaller implant size. Therefore, these factors should also be considered in the overall patient evaluation for total hip resurfacing, and patients should make an informed choice with their treating physicians. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have an indication for hip replacement who would outlive a traditional prosthesis and have no contraindication for hip resurfacing who receive a partial hip resurfacing device, the evidence includes a comparative study. Relevant outcomes are symptoms, change in disease status, functional outcomes, health status measures, quality of life, and treatment-related morbidity. Although evidence has shown better outcomes with total hip resurfacing than with partial hip resurfacing, partial hip resurfacing would be appropriate in younger patients with osteonecrosis who have contraindications for a metal-on-metal prosthesis. These factors should be considered in the overall patient evaluation for total hip resurfacing, and patients should make an informed choice with their treating physicians. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

Policy History

Date	Action
6/2024	Annual policy review. References updated. Clarified coding information. Policy statements unchanged.
6/2023	Annual policy review. Minor editorial refinements to policy statements; intent unchanged.
6/2022	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
5/2021	Annual review. Description, summary, and references updated. Policy statements unchanged.
6/2020	Annual review. Description, summary, and references updated. Policy statements unchanged.
9/2019	Outpatient prior authorization information clarified to N/A. This service is primarily performed in an inpatient setting
5/2019	Annual review. Description, summary, and references updated. Policy statements unchanged.
12/2018	Annual review. Description, summary, and references updated. Policy statements unchanged.
5/2018	Annual review. Description, summary, and references updated. Policy statements unchanged.
3/2018	Annual review. Description, summary, and references updated. Policy statements unchanged.
1/2018	Clarified coding information.
9/2017	Annual review. New references added
11/2015	Annual review. New references added
8/2015	Added coding language.
5/2014	Updated Coding section with ICD10 procedure and diagnosis codes. Effective 10/2015.
12/2013	Removed ICD-9 diagnosis codes as the policy requires prior authorization. Added ICD-9 CM-procedure code 00.75 as it meets the intent of the policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates.

	No changes to policy statements.
6/2011	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation and Rheumatology. No changes to policy statements.
7/2010	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements.
6/2010	Annual review. New references added. Policy updated to address partial hip resurfacing when medical criteria are met.
7/2009	Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine, and Rheumatology. No changes to policy statements.
3/2009	Annual review. New references added
10/1/2008	Coding section updated to reflect new HCPCS Level II code for hip resurfacing.
8/2008	Annual review. New references added
7/2008	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation Medicine, and Rheumatology. No changes to policy statements.
2/1/2008	Medical Policy 046 created. Effective 2/1/2008.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References

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