Medical Policy
Shoulder Resurfacing

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Policy Number: 156
BCBSA Reference Number: 7.01.119A (For Plan internal use only)
NCD/LCD: NA

Related Policies
• Hip Resurfacing, #046
• Reverse Shoulder Arthroplasty, #161

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare Members: Managed Care HMO BlueSM and Medicare PPO BlueSM

Shoulder resurfacing, including total, hemi, or partial resurfacing is 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.

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<tr>
<th>Commercial Managed Care (HMO and POS)</th>
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<td>This is not a covered service.</td>
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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.

CPT Codes
There is no specific CPT code for this service.

ICD-9 Diagnosis Codes
Investigational for all diagnoses.

Description
Resurfacing the shoulder joint is a method to treat painful shoulders without replacing the humeral head. Resurfacing of the humeral head can be accomplished with devices that provide either complete or partial coverage, and may be performed alone (hemi-resurfacing) or in combination with glenoid resurfacing (total shoulder resurfacing). The objective of resurfacing is to preserve the individual patient’s normal head-neck anatomy and bone stock.

Examples of prosthetic designs for shoulder resurfacing include the Mark prosthesis from Copeland™, the Extended Articulating Surface (EAS)™ Resurfacing Heads from Biomet Manufacturing, and Global CAP™ CTA Resurfacing Shoulder Humeral Head from DePuy. All shoulder resurfacing prosthetic systems are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary
For shoulder resurfacing, questions remain about the stability and durability of these prostheses, as well as the effect of partial or total humeral resurfacing on the glenoid. Controlled studies are needed to evaluate the risks and benefits of hemi- and total shoulder resurfacing in comparison with hemi- and total shoulder replacement. At the present time, evidence is insufficient to permit conclusions concerning the effect of this procedure on health outcomes. Therefore, partial resurfacing, humeral resurfacing and total shoulder resurfacing are considered investigational.

Policy History

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<th>Date</th>
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<td>3/01/10</td>
<td>New policy, effective 3/01/10.</td>
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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


