Hip Resurfacing
Corporate Medical Policy

File Name: Hip Resurfacing
File Code: UM.ORTHO.01
Origination: 02/2007
Last Review: 10/2017
Next Review: 10/2018
Effective Date: 04/01/2018

Description/Summary

Hip resurfacing is an alternative to total hip arthroplasty (THA; also known as hip replacement) for patients with advanced arthritis of the hip. Total hip resurfacing (THR) 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.

The evidence for hip resurfacing in young active patients who would potentially outlive a traditional total hip prosthesis includes 2 randomized controlled trials, 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 THR performed with current techniques is similar to THA over the short to medium term, and THR may allow for easier conversion to a THA for younger patients who are expected to outlive their prosthesis. Based on potential ease of revision when compared with THA, the evidence available at this time supports the conclusions that hip resurfacing (partial or total) 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 effects such as metallosis, pseudotumor formation, and implant failure is evolving as longer follow-up becomes available. Due to the uncertain risk with metal-on-metal implants, the risk-benefit ratio needs to be carefully considered on an individual basis. In addition, emerging evidence indicates 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 THR, and patients should make an informed choice in conjunction with their treating physicians. The evidence is sufficient to determine quantitatively that the technology results in a meaningful improvement in the net health outcome.
Policy

Coding Information
Click the links below for attachments, coding tables & instructions.
Attachment I
Attachment II

When a service may be considered medically necessary

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 patient:

- 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 (see Policy Guidelines section).

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 the following criteria:

- the patient is a candidate for total hip replacement; AND
- is likely to outlive a traditional prosthesis; AND
- the patient 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.

When a service is considered investigational

All other types and applications of hip resurfacing are considered investigational.

Policy Guidelines

FDA lists several contraindications for total hip resurfacing. These contraindications include (not a complete listing) 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 (more than 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
- Females of child bearing age due to unknown effects on the fetus of metal ion release

A 2012 FDA advisory panel of experts identified young males with larger femoral heads as the best candidates for hip resurfacing systems. FDA advises that a metal-on-metal hip implant should be selected only after determining that the benefit-risk profile of using a metal-on-metal hip implant outweighs that of using an alternative hip system. Factors to consider include the patient’s age, sex, weight, diagnosis, and activity level. Patients should be informed about the benefits and risks of metal-on-metal hip implants, including the risk that the hip implant may need to be replaced. Patient expectations and the potential complications of surgery with a metal-on-metal hip implant should be discussed.

Total hip resurfacing should be performed by surgeons who are adequately trained and experienced in the specific techniques and devices used. There is no specific code for total hip resurfacing. It might be reported with code 27299 (unlisted procedure, pelvis or hip joint).

Effective 10/01/08, there is a specific HCPCS “S” code for this procedure: S2118:

Metal-on-metal total hip resurfacing, including acetabular and femoral components

Reference Resources

1. Blue Cross and Blue Shield Association Technology Evaluation Center. Metal-on-metal total hip resurfacing. TEC Assessments. 2007;Vol 22, Tab 3.
2. Vendittoli PA, Lavigne M, Roy AG, et al. A prospective randomized clinical trial comparing metal-on-metal total hip arthroplasty and metal-on-metal total hip resurfacing in patients less than 65 years old. Hip Int. 2006;16 Suppl 4:73-81. PMID 19219833


Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language determines benefits that are in
effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract language, the member’s contract language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval is required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered complete, see policy guidelines above.

An approved referral authorization for members of the New England Health Plan (NEHP) is required. A prior approval for Access Blue New England (ABNE) members is required. NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member’s health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member’s benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member’s benefit.

Coverage varies according to the member’s group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member’s employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

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Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Directors

Gabrielle Bercy-Roberson, MD, MPH, MBA
Senior Medical Director
Chair, Health Policy Committee

Joshua Plavin, MD, MPH, MBA
Chief Medical Officer

Attachment I
CPT® & HCPCS List & Instructions

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<th>Code Type</th>
<th>Number</th>
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<td>Unlisted procedure, pelvis or hip joint</td>
<td>Claim will suspend for medical review, documentation required.</td>
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The following codes are considered medically necessary when applicable criteria outlined in this policy is met.
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