MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Medical Policy
Hip Resurfacing

Table of Contents

Policy Number: 046

BCBSA Reference Number: 7.01.80

Related Policies

- Surgical Treatment of Femoroacetabular Impingement, #145

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 U.S. Food and Drug Administration (FDA) approved device systems may be considered **MEDICALLY NECESSARY** as an alternative to total hip replacement in patients who:

- Are candidates for total hip replacement, AND
- Are likely to outlive a traditional prosthesis, AND
- Do not have contraindications for total hip resurfacing.

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 patient is a candidate for total hip replacement, AND
- The patient 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.

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

Prior Authorization Information

Commercial Members: Managed Care (HMO and POS)

Prior authorization is required.

Commercial Members: PPO, and Indemnity

Prior authorization is required.

Medicare Members: HMO Blue[SM]

Prior authorization is required.

Medicare Members: PPO Blue[SM]

Prior authorization is required.

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. 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. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.

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.

HCPCS Codes

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

ICD-9 Procedure Codes

ICD-9-CM procedure codes:	Code Description
00.75	Hip bearing surface, metal-on-metal
00.85	Resurfacing hip, total, acetabulum and femoral head
00.86	Resurfacing hip, partial, femoral head
00.87	Resurfacing, hip, partial, acetabulum

ICD-10 Procedure Codes

ICD-10-PCS procedure codes:	Code Description
0SU90BZ	Supplement Right Hip Joint with Resurfacing Device, Open Approach
0SUA0BZ	Supplement Right Hip Joint, Acetabular Surface with Resurfacing Device, Open Approach
0SUB0BZ	Supplement Left Hip Joint with Resurfacing Device, Open Approach
0SUE0BZ	Supplement Left Hip Joint, Acetabular Surface with Resurfacing Device, Open

	Approach
0SUR0BZ	Supplement Right Hip Joint, Femoral Surface with Resurfacing Device, Open Approach
0SUS0BZ	Supplement Left Hip Joint, Femoral Surface with Resurfacing Device, Open Approach
0SUR0BZ	Supplement Right Hip Joint, Femoral Surface with Resurfacing Device, Open Approach
0SUS0BZ	Supplement Left Hip Joint, Femoral Surface with Resurfacing Device, Open Approach
0SUA0BZ	Supplement Right Hip Joint, Acetabular Surface with Resurfacing Device, Open Approach
0SUE0BZ	Supplement Left Hip Joint, Acetabular Surface with Resurfacing Device, Open Approach

Description

Hip resurfacing can be categorized as partial hip resurfacing, in which a femoral shell is implanted over the femoral head, or total hip resurfacing, consisting of an acetabular and femoral shell. 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 and preservation of the acetabulum.

Total hip resurfacing, investigated in a broader range of patients including those with osteoarthritis, rheumatoid arthritis, and advanced avascular necrosis, may be considered an alternative to total hip arthroplasty, particularly in young active patients who would potentially outlive a total hip prosthesis. Proposed advantages of total hip resurfacing compared to total hip arthroplasty include preservation of the femoral neck and femoral canal, thus facilitating revision or conversion to a total hip replacement. 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 to total hip arthroplasty.

Summary

The evidence available at this time supports hip resurfacing (partial or total) as an effective alternative for active patients who are considered too young for total hip arthroplasty, when performed by surgeons experienced in the technique. The literature on risk factors for metallosis and implant failure is evolving as longer follow-up becomes available and there are contraindications that should be considered.

Examples of total hip resurfacing devices include the Buechel-Pappas Integrated Total Hip Replacement, the Conserve®Plus from Wright Medical Technology and the Birmingham Hip Resurfacing device. All total hip resurfacing devices are considered investigational regardless of the commercial name, the manufacturer or FDA approval status except as noted in the policy statement.

Policy History

Date	**Action**
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	BCBS Association National Policy Review 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	BCBS Association National Policy Review No changes to policy statements
10/1/2008	Coding section updated to reflect new HCPCS Level II code for hip resurfacing.
8/2008	BCBS Association National Policy Review No changes to policy statements
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

1. Amstutz HC, Beaule PE, Dorey FJ et al. Metal-on-metal hybrid surface arthroplasty: two to six-year follow-up study. J Bone Joint Surg Am 2004; 86-A(1):28-39.
2. Beaule PE, Amstutz HC, Le Duff M et al. Surface arthroplasty for osteonecrosis of the hip: hemiresurfacing versus metal-on-metal hybrid resurfacing. J Arthroplasty 2004; 19(8 Suppl 3):54-8.
3. Treacy RB, McBryde CW, Pynsent PB. Birmingham hip resurfacing arthroplasty. A minimum follow-up of five years. J Bone Joint Surg Br 2005; 87(2):167-70.
4. Shimmin AJ, Back D. Femoral neck fractures following Birmingham hip resurfacing: a national review of 50 cases. J Bone Joint Surg Br 2005; 87(4):463-4.
5. Glyn-Jones S, Gill HS, McLardy-Smith P et al. Roentgen stereophotogrammetric analysis of the Birmingham hip resurfacing arthroplasty. A two-year study. J Bone Joint Surg Br 2004; 86(2):172-6.
6. Blue Cross and Blue Shield Association Technology Evaluation Center. Metal-on-metal total hip resurfacing. TEC Assessments 2007; Vol 22, Tab 3.
7. 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.
8. U.S. Food and Drug Administration Center for Devices and Radiological Health. Summary of safety and effectiveness data: Birmingham Hip Resurfacing (BHR) System. 2006. Available online at: http://www.fda.gov/cdrh/pdf4/p040033b.pdf . Last accessed May 2011.
9. Australian Orthopedic Association. National Joint Replacement Registry Annual Report. 2006.
10. Marker DR, Strimbu K, McGrath MS et al. Resurfacing versus conventional total hip arthroplasty - review of comparative clinical and basic science studies. Bull NYU Hosp Jt Dis 2009; 67(2):120-7.
11. Ball ST, Le Duff MJ, Amstutz HC. Early results of conversion of a failed femoral component in hip resurfacing arthroplasty. J Bone Joint Surg Am 2007; 89(4):735-41.
12. McGrath MS, Marker DR, Seyler TM et al. Surface replacement is comparable to primary total hip arthroplasty. Clin Orthop Relat Res 2009; 467(1):94-100.
13. Quesada MJ, Marker DR, Mont MA. Metal-on-metal hip resurfacing: advantages and disadvantages. J Arthroplasty 2008; 23(7 Suppl):69-73.
14. Nunley RM, Della Valle CJ, Barrack RL. Is patient selection important for hip resurfacing? Clin Orthop Relat Res 2009; 467(1):56-65.
15. Mont MA, Seyler TM, Ulrich SD et al. Effect of changing indications and techniques on total hip resurfacing. Clin Orthop Relat Res 2007; 465:63-70.
16. Mont MA, Seyler TM, Ragland PS et al. Gait analysis of patients with resurfacing hip arthroplasty compared with hip osteoarthritis and standard total hip arthroplasty. J Arthroplasty 2007; 22(1):100-8.

17. Lavigne M, Therrien M, Nantel J et al. The John Charnley Award: The functional outcome of hip resurfacing and large-head THA is the same: a randomized, double-blind study. Clin Orthop Relat Res 2010; 468(2):326-36.
18. Garbuz DS, Tanzer M, Greidanus NV et al. The John Charnley Award: Metal-on-metal hip resurfacing versus large-diameter head metal-on-metal total hip arthroplasty: a randomized clinical trial. Clin Orthop Relat Res 2010; 468(2):318-25.
19. Amstutz HC, Le Duff MJ, Campbell PA et al. Clinical and radiographic results of metal-on-metal hip resurfacing with a minimum ten-year follow-up. J Bone Joint Surg Am 2010; 92(16):2663-71.
20. de Steiger RN, Miller LN, Prosser GH et al. Poor outcome of revised resurfacing hip arthroplasty. Acta Orthop 2010; 81(1):72-6.
21. Steffen RT, Pandit HP, Palan J et al. The five-year results of the Birmingham Hip Resurfacing arthroplasty: an independent series. J Bone Joint Surg Br 2008; 90(4):436-41.
22. Ollivere B, Darrah C, Barker T et al. Early clinical failure of the Birmingham metal-on-metal hip resurfacing is associated with metallosis and soft-tissue necrosis. J Bone Joint Surg Br 2009; 91(8):1025-30.
23. Kim PR, Beaule PE, Laflamme GY et al. Causes of early failure in a multicenter clinical trial of hip resurfacing. J Arthroplasty 2008; 23(6 Suppl 1):44-9.
24. Nunley RM, Zhu J, Brooks PJ et al. The learning curve for adopting hip resurfacing among hip specialists. Clin Orthop Relat Res 2010; 468(2):382-91.
25. De Haan R, Pattyn C, Gill HS et al. Correlation between inclination of the acetabular component and metal ion levels in metal-on-metal hip resurfacing replacement. J Bone Joint Surg Br 2008; 90(10):1291-7.
26. Grecula MJ. Resurfacing arthroplasty in osteonecrosis of the hip. Orthop Clin North Am 2005; 36(2):231-42, x.
27. Stulberg BN, Fitts SM, Zadzilka JD et al. Resurfacing arthroplasty for patients with osteonecrosis. Bull NYU Hosp Jt Dis 2009; 67(2):138-41.