



MEDICAL COVERAGE POLICY

SERVICE: Joint Resurfacing (Hip and Shoulder)

Policy Number: 059

Effective Date: 05/01/2018

Last Review: 03/06/2018

Next Review Date: 03/06/2019

Important note

Even though this policy may indicate that a particular service or supply may be considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Senior Care members, this policy will apply unless Medicare policies extend coverage beyond this Medical Policy & Criteria Statement. Senior Care policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website.

SERVICE: Joint Resurfacing of Hip

PRIOR AUTHORIZATION: Not Required.

POLICY: A request for Hip joint resurfacing must meet **ALL** of the following criteria:

1. Degenerative Arthritis in adults 65 years of age or less OR aseptic necrosis of head of femur
2. Failure of medical/conservative management
3. Active lifestyle
4. BMI < 30
5. Good bone stock, no significant osteoporosis in involved hip
6. AVN lesion, if present, < 50%
7. Cystic Femoral Head Lesions, if present, <2cm
8. Leg Length adjustments not needed
9. No active or suspected infection in or about the hip joint
10. No nerve or muscle disease that would compromise the success of the procedure
11. Surgery to be performed by Credentialed SWHP Orthopedic surgeon (Surgeon must have privileges to perform procedure in SWHP facility)

EXCLUSIONS (Contraindications):

1. Poor bone quality (unable to support the implant, particular attention to the female population)
2. Known allergy to metal
3. Pregnancy or plans for pregnancy
4. Compromised immune system due to disease or certain medications such as corticosteroid
5. Kidney failure
6. Inability to follow post-surgery lifestyle directions, or follow-up care
7. **Joint resurfacing of the shoulder**

OVERVIEW: Total hip resurfacing arthroplasty (HRA) involves the removal and replacement of the surface of the femoral head with a hollow metal hemisphere that fits into a metal cup inserted into the acetabulum of the pelvis. HRA may be an alternative to conventional total hip replacement (THR) for the treatment of young, active patients who have radiographic evidence of joint damage and/or chronic pain or disability that interferes with daily activities and is refractory to conservative treatment,



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and who would be expected to outlive any conventional THR prosthesis and who may require multiple revision procedures during their lifetime.

MANDATES: None

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

HCPCS Codes:	S2118
CPT Codes:	23470 - Arthroplasty, glenohumeral joint; hemiarthroplasty 23472 - Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (e.g., total shoulder)) 27125 - Hemiarthroplasty, hip, partial (e.g., femoral stem prosthesis, bipolar arthroplasty) 27130 - Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
ICD10 Codes:	M16.0 - M16.12 Osteoarthritis of HIP M16.4X - M16.9 Osteoarthritis of HIP M19.011 - M19.019 Osteoarthritis of shoulder M19.111 - M19.119 Osteoarthritis of shoulder M19.211 - M19.219 Osteoarthritis of shoulder M87.00 - M87.019 Aseptic necrosis of head and neck of shoulder M87.050 - M87.059 Aseptic necrosis of head and neck of femur
ICD10 Not covered:	M16.2 - M16.3 Congenital dislocation of the hip

CMS: No NCD or LCD available.

POLICY HISTORY:

Status	Date	Action
New	11/22/2010	New policy
Reviewed	11/18/2011	Reviewed.
Reviewed	10/4/2012	Reviewed.
Reviewed	5/23/2013	Codes and references updated
Reviewed	4/24/2014	No changes.
Reviewed	4/30/2015	Shoulder resurfacing status changed to "excluded."
Reviewed	5/12/2016	No changes.
Reviewed	4/18/2017	Changed age in line #1 to 65 years
Reviewed	3/06/2018	No changes.

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy



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Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

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