GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Hip resurfacing may be considered as an alternative to conventional total hip replacement (THR). Hip resurfacing does not remove the femoral head and neck or bone from the femur allowing for conversion to a THR, when necessary. The resurfacing procedure is designed for younger active individuals (typically less than 65 years of age) with viable bone in the proximal femur who are likely to outlive the prosthesis used in the THR procedure. Examples of US Food and Drug Administration (FDA) approved hip resurfacing systems include, but may not be limited to, Birmingham hip resurfacing system, Conserve Plus total hip resurfacing system, Cormet hip resurfacing system and ReCAP HA Press-Fit femoral resurfacing head.

Knee resurfacing was designed as an alternative to conventional total knee replacement. Reportedly, these devices do not require that bone tissue be removed. Examples of FDA approved knee resurfacing systems include, but may not be limited to, the HemiCAP patello-femoral resurfacing prosthesis and the UniCAP compartmental resurfacing implant system.

Shoulder resurfacing was designed as a possible alternative to conventional total shoulder replacement and reportedly replaces a smaller portion of the humeral head than the conventional shoulder replacement surgery. Supposedly, this procedure is viewed as a potential alternative for people who are younger, physically active and have advanced or end stage degenerative joint disease or arthritis. Total shoulder replacement is not an option for rotator cuff tear that is not repairable. An example of an FDA approved device for shoulder resurfacing arthroplasty includes, but may not be limited to, the Copeland humeral resurfacing head.

POLICY

Hip resurfacing does not require prior authorization.
Appropriate ICD-10 diagnosis code (as listed below) required for coverage.

Any joint resurfacing procedure other than hip including, but may not be limited to, knee or shoulder is non-covered.

HMO, PPO, Individual Marketplace, Elite, Advantage
Metal-on-metal hip resurfacing by means of a Food and Drug Administration (FDA)-approved device (e.g., Birmingham Hip Resurfacing (BHR) System, Cormet 2000) is considered a medically necessary alternative to total hip arthroplasty for physically active non-elderly (less than 65 years of age) adult members when the following criteria are met:

A. Member has advanced joint disease demonstrated by:

1. Pain and functional disability that interferes with activities of daily living (ADLs) from injury due to osteoarthritis, avascular necrosis, or post-traumatic arthritis of the hip joint; and
2. Limited range of motion (ROM), antalgic gait, and pain in hip joint with passive ROM on physical examination; and
3. Radiographic or magnetic resonance imaging (MRI) supported evidence of severe osteoarthritis (as evidence by 2 or more of the following: subchondral cysts, subchondral sclerosis, periarticular osteophytes, joint subluxation, bone on bone articulation or joint space narrowing) of hip joint primarily affecting the femoral head, or osteonecrosis (avascular necrosis) of the femoral head when the disease is detected early and there is less than 50 % involvement of the femoral head; and
4. Normal proximal femoral bone geometry and bone quality; and
5. Member would otherwise require a conventional primary total hip replacement, but is likely to live longer than the functional lifespan of a traditional prosthesis; and
6. History of unsuccessful conservative therapy (non-surgical medical management) that is clearly addressed in the medical record (see Note). If conservative therapy is not appropriate, the medical record must clearly document why such approach is not reasonable: Members should have at least 12 weeks of non-surgical treatment documented in the medical record, including all of the following, unless contraindicated:

   a. Anti-inflammatory medications or analgesics; and
   b. Flexibility and muscle strengthening exercises, and
   c. Activity modification; and
   d. Supervised physical therapy (ADLs diminished despite completing a plan of care); and
   e. Weight reduction as appropriate; and
   f. Assistive device use, where appropriate; and
   g. Therapeutic injections into the hip, where appropriate.

B. Hip resurfacing is considered not medically necessary in persons with any of the following contraindications:

   1. Active infection of the joint or active systemic bacteremia that has not been totally eradicated; or
   2. Active skin infection (exception recurrent cutaneous staph infections) or open wound within the planned surgical site of the hip; or
   3. Allergy to metals used in resurfacing (e.g., cobalt, chromium or alumina); or
   4. Inactive and/or older individuals who are unlikely to require revisions of a traditional THR; or
   5. Morbid obesity (body mass index (BMI) greater than 40); or
   6. Member has inadequate bone stock to support the device; or
   7. Member has been diagnosed with avascular necrosis (osteonecrosis) of the femoral head where more than 50% of the femoral head is affected; or
   8. Member has severe anatomic deformity of the femoral head; or
   9. Member is skeletally immature; or
   10. Persons with moderate-to-severe renal insufficiency (glomerular filtration rate [GFR] less than 60 mL/min/1.73 m2); or
   11. Multiple femoral neck cysts greater than 1 cm in diameter; or
   12. Vascular insufficiency, muscular atrophy, or neuromuscular disease severe enough to compromise implant stability or postoperative recovery; or
   13. Immunosuppression (i.e., AIDS) or high doses of corticosteroids; or
   14. Females of child-bearing age due to the unknown effect of metal ion release on the fetus.

C. For members with significant conditions or co-morbidities, the risk/benefit of hip resurfacing should be appropriately addressed in the medical record. Paramount considers these joint resurfacing procedures experimental and investigational and therefore non-covered:

   • Metal-on-metal hip resurfacing for developmental dysplasia of the hip and for all indications other than those listed above
   • Metal-on-polyethylene hip resurfacing implants
   • Shoulder resurfacing, including total and hemi-resurfacing, for the treatment of glenohumeral arthritis, humeral head fractures, osteochondral lesions, and for all other indications
   • Knee resurfacing, partial knee resurfacing (e.g., Makoplasty), and isolated patellar resurfacing (e.g., UniCAP, HemiCAP)
   • Metatarsal phalangeal (MTP) toe joint resurfacing
   • Radiocapitellar joint/radiocapitellar joint replacement resurfacing
   • Computer-assisted navigation for positioning during Birmingham hip resurfacing
   • Metal resurfacing inlay implant for osteochondral talar defects after failed previous surgery

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>23470</td>
<td>Arthroplasty, glenohumeral joint; hemiarthroplasty</td>
</tr>
<tr>
<td>23472</td>
<td>Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))</td>
</tr>
<tr>
<td>27033</td>
<td>Arthrotomy hip, including exploration or removal of loose or foreign body</td>
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27122 Acetabuloplasty; resection, femoral head (e.g., Girdlestone procedure)
27125 Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132 Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27360 Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (e.g., osteomyelitis or bone abscess)
27447 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

HCPCS CODE
S2118 Metal-on-metal total hip resurfacing, including acetabular and femoral components

ICD-10-CM CODES Covered
M16.0 - M16.12 Primary osteoarthritis, left hip
M16.2 - M16.7 Secondary osteoarthritis of hip
M16.9 Osteoarthritis of hip, unspecified
M87.051 - M87.059 Idiopathic aseptic necrosis, femur [vascular necrosis of the hip joint]
M87.150 - M87.159 Osteonecrosis due to drugs, pelvis and femur [vascular necrosis of the hip joint]
M87.251 - M87.256 Osteonecrosis due to previous trauma, pelvis and femur [vascular necrosis of the hip joint]
M87.350 - M87.353 Other secondary osteonecrosis, pelvis and femur [vascular necrosis of the hip joint]
M87.650 - M87.859 Other osteonecrosis, pelvis and femur [vascular necrosis of the hip joint]
M90.551 - M90.559 Osteonecrosis in diseases classified elsewhere, thigh [vascular necrosis of the hip joint]

ICD-10-CM CODES Non-Covered
A41.01 - A41.9 Other sepsis
A46 Erysipelas
D80.0 - D81.2, D81.4, D81.89 - D82.1, D89.810 - D89.9 Certain disorders involving the immune mechanism
E66.01 Morbid (severe) obesity due to excess calories [BMI greater than 40]
G70.00 - G70.9 Myasthenia gravis and other myoneural disorders [neuromuscular disease]
I73.9 Peripheral vascular disease, unspecified
I87.2, I87.8 - I87.9 Other disorders of veins
I99.8 Other disorder of circulatory system
M00.051 - M00.059 Pyogenic arthritis, hip
M00.151 - M00.159 Musculoskeletal system, unspecified
M00.251 - M00.259 Muscles, unspecified
M00.851 - M00.859 Muscles, unspecified
M00.9
M01.X51 - M01.X59 Direct infection of hip in infectious and parasitic diseases classified elsewhere
M07.611 - M07.619 Enteropathic arthropathies, shoulder
M12.511 - M12.519 Traumatic arthropathy, shoulder
M12.811 - M12.819 Other specific arthropathies, not elsewhere classified, shoulder
M12.9 Arthropathy, unspecified [shoulder]
M13.0 Polyarthitis, unspecified [shoulder]
M13.111 - M13.119 Monoarthritis, not elsewhere classified, shoulder
M13.111 - M19.019 Primary osteoarthritis, shoulder
M19.011 - M19.119 Secondary osteoarthritis, shoulder
M19.211 - M19.219 Secondary osteoarthritis, shoulder
M19.90 Unspecified osteoarthritis [shoulder]
M62.50 - M62.59 Muscle wasting and atrophy, not elsewhere classified
M62.84 Sarcopenia
M93.20 - M93.29 Osteochondritis dissecans [osteoarticular lesions]
M95.8 Other specified acquired deformities of musculoskeletal system [osteoarticular talar defects]
N17.0 - N17.9 Acute kidney failure
N18.1 - N18.9 Chronic kidney disease (CKD)
N28.9 Disorder of kidney and ureter, unspecified [acute renal insufficiency]
Q65.00 - Q65.6 Congenital dislocation of hip [developmental dysplasia]
Q65.01 [Q65.32 also required] Congenital dislocation of one hip with partial dislocation of other hip [developmental dysplasia]
<table>
<thead>
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<th>Description</th>
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<tbody>
<tr>
<td>Q65.02</td>
<td>Other specified congenital deformities of hip (developmental dysplasia)</td>
</tr>
<tr>
<td>Q65.89</td>
<td>Body mass index (BMI) 40 and over, adult</td>
</tr>
<tr>
<td>Z68.41 - Z68.45</td>
<td>Long term (current) use of steroids</td>
</tr>
<tr>
<td>Z68.51 - Z68.52</td>
<td>Fracture of upper end of humerus (humeral head) (Codes not listed due to expanded specificity)</td>
</tr>
</tbody>
</table>

**TAWG REVIEW DATES:** 11/28/2018

**REVISION HISTORY EXPLANATION**

11/28/18: Hip resurfacing does not require prior authorization. Appropriate ICD-10 diagnosis code (as listed above) required for coverage. Any joint resurfacing procedure other than hip including, but may not be limited to, knee or shoulder is non-covered. Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

**REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.