

Subject: Total Hip Resurfacing

Medical Policy #: 20.9

Status: Reviewed

Original Effective Date: 09/26/2006

Last Review Date: 07-26-2023

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Total hip resurfacing is an alternative to total hip replacement. Hip resurfacing devices are metal implants that cover the femoral head and acetabulum to provide a smooth metal-on-metal articulating surface. It involves removal of the surface of the femoral head to implant the femoral head resurfacing component and implantation of an acetabular component into the hip socket. The total hip resurfacing prosthesis preserves bone, maintains normal femoral loading, and allows more hip revision options.

Coverage Determination

Prior Authorization is required. However, all claims are subject to retrospective review, and are only covered for the indications list. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

Total hip (metal-on-metal) resurfacing arthroplasty coverage applies to Commercial and Centennial only and is not covered for Medicare members when **ALL** of the following criteria are met:

Total Hip Resurfacing

Clinical Indications for Procedure

1. Malignancy of the pelvis or proximal femur or soft tissues of the hip (exempt from below criteria)
2. Avascular necrosis of the femoral head
3. Femoral neck fracture
4. Acetabular fracture
5. Nonunion, malunion, or failure of previous hip fracture surgery
6. Revision

Total hip resurfacing for the above indications will be approved based upon indication for the procedure alone, for.

If indication for procedure is advanced degenerative joint disease, total hip resurfacing will be considered medically necessary when the following conditions are met:

- A. **Active patient less than 65 y/o.** with skeletal maturity
 - B. Symptoms (1 or more of the following):
 - Disabling pain
 - Significant functional disability
- AND**
- C. Radiological findings consistent with significant osteoarthritis (at least two of the following):
 - Severe joint space narrowing
 - Osteophyte formation
 - Joint subluxation
 - Deformity or mal alignment
 - Subchondral sclerosis
- OR**
- Arthroscopic findings of severe denudation of articular cartilage.
- AND**
- D. Optimal medical management has been tried and failed (please see recommendations for non-operative treatment of hip osteoarthritis), including:
 1. Self-management program (\geq 6 weeks) that includes
 - a. Strengthening
- AND**
- b. Low impact aerobic activities **AND** one of the following:
 - Physical therapy
 - Adjunctive range of motion /stretching exercises

- Joint off-loading (cane, walker)
 - Reasonable restriction of activities
2. Weight Loss
 - In patients with a BMI >40 (should include medically directed weight loss program).
 3. Medications
 - a. NSAIDs if tolerated and not contraindicated. Prescription OR over the counter (at adequate doses)
 - OR**
 - b. If NSAIDs not tolerated or contraindicated:
 - Analgesics
 - Acetaminophen
 - Tramadol

AND

- E. Documentation that clearly shows the patient has participated in or is scheduled for Pre-Procedure education which covers **all** of the following*:
 1. Pre-operative preparation
 2. Post-operative anticoagulation
 3. Pre- and post-operative exercises
 4. Home safety and equipment
 5. Post-op expectations and goals for movement and function
 6. Considerations for post-hospital disposition
 7. Plans for rehab services after surgery

*May include group classes such as Presbyterian HealthPlex joint replacement classes (preferred), videos, reading materials from professional societies, or counseling from MD-designated professional.

Medical Optimization Criteria

For patients with any of the below-listed diagnoses, the following conditions must have been met prior to surgery.

1. Obesity
 - a. Patients with a BMI >40 must undergo efforts at weight loss
 - b. Require participation in medically directed weight loss program.
 - c. Documentation of participation and weight loss
 - d. A BMI of \leq 40 should be obtained prior to surgery unless the surgeon's judgment dictates otherwise in cases of severe or progressive bone loss, deformity, or the symptoms progress/worsen in the face of active interventions (requires medical director review and orthopedist attestation)
2. Smoking (includes cigarette, cigar, and vaporized form of nicotine)
 - a. Cessation at least 6 weeks prior to elective TJA
 - or**
 - b. Require participation in smoking cessation program and documentation of this, such as Quit for Life, QuitNowNM.com.
3. Diabetes
 - a. HBA1c must be less than 7.5 to proceed with surgery unless control is felt to be optimized for the individual in the opinion of the treating physician or endocrinologist (requires attestation if above 7.5)
4. Rheumatoid arthritis + autoimmune disorders
 - a. Documented discussion between patient and rheumatologist or orthopedist and rheumatologist regarding medication management in the perioperative time frame to improve wound healing and lessen risk of infection.
5. Active substance abuse/dependence
 - a. Partial joint replacement will not be authorized in members with active alcohol or intravenous drug abuse or dependence.
 - ETOH abuse – needs documentation of program
 - IVDA- needs documentation of program AND negative urine toxicology screen
6. Absence of
 - a. Open skin lesions on the operative limb.
 - b. Active infection

Note: The above medical optimization requirements may be deferred if, in the judgment of the treating surgeon, requiring a patient to endure these non-operative measures in the face of severe OA or in cases of severe or progressive bone loss or deformity, would cause undue suffering or potentially compromise outcomes of delayed joint replacement (requires surgeon attestation and medical director review).

Exclusions

Total hip resurfacing arthroplasty is considered **not medically necessary** when **ANY** of the following are present:

- Allergy to metals used in resurfacing (e.g., cobalt, chromium or alumina)
- Skeletal immaturity
- Osteonecrosis (avascular necrosis) of the femoral head involving more than 50% of the femoral head
- Active local or systemic infection

- When one or more uncontrolled or unstable medical conditions that would significantly increase the risk of morbidity or mortality (e.g., cardiac, pulmonary, liver, genitourinary, or metabolic disease; hypertension; abnormal serum electrolyte levels)
- Vascular insufficiency, significant muscular atrophy of the hip or leg musculature, or neuromuscular disease severe enough to compromise implant stability or postoperative recovery
- Osseous abnormalities that cannot be optimally managed prior to surgery which would escalate the possibility of a poor surgical outcome (i.e., inadequate bone stock to support the implant)
- Severe immunocompromised state
- Charcot joint
- Females of child-bearing age due to the unknown effect of metal ion release on the fetus

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Description
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement, with or without autograft or allograft.
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components
27299	Unlisted procedure, pelvis or hip joint
C1776	Joint device (implantable)

ICD-10 Codes	Description
M12.551	Traumatic arthropathy, right hip
M12.552	Traumatic arthropathy, left hip
M12.559	Traumatic arthropathy, unspecified hip
M16.0	Bilateral primary osteoarthritis of hip
M16.10	Unilateral primary osteoarthritis, unspecified hip
M16.11	Unilateral primary osteoarthritis, right hip
M16.12	Unilateral primary osteoarthritis, left hip
M16.2	Bilateral osteoarthritis resulting from hip dysplasia
M16.30	Unilateral osteoarthritis resulting from hip dysplasia, unspecified hip
M16.31	Unilateral osteoarthritis resulting from hip dysplasia, right hip
M16.32	Unilateral osteoarthritis resulting from hip dysplasia, left hip
M16.	Bilateral post-traumatic osteoarthritis of hip
M16.50	Unilateral post-traumatic osteoarthritis, unspecified hip
M16.51	Unilateral post-traumatic osteoarthritis, right hip
M16.52	Unilateral post-traumatic osteoarthritis, left hip
M16.6	Other bilateral secondary osteoarthritis of hip
M16.7	Other unilateral secondary osteoarthritis of hip
M16.9	Osteoarthritis of hip, unspecified

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: Gray Clarke MD

Senior Medical Director: David Yu MD

Medical Director: Ana Maria Rael MD

Date Approved: 07/26/2023

References

1. MCG Inpatient & Surgical Care 27th Edition, Hip Resurfacing, ORG: S-565 (ISC), Last Update: 2/1/2023. Accessed 05/30/2023.
2. Hayes, a TractManager Company, Metal-on-Metal Hip Resurfacing Arthroplasty Versus Total Hip Replacement For Osteoarthritis, Health Technology Assessment, Nov 10, 2015, Annual Review: Feb 10, 2020. Archived Dec 10, 2020. [Cited 05/30/2023]
3. CMS, Novitas, Lower Extremity Major Joint Replacement (Hip and Knee), L36007, Revision date 11/14/19, R10 and

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]

related article- A56796 , Revision date: 05/02/2022, R2. [05/30/2023]

4. AAOS, [OrthoInfo. Hip Resurfacing](#), updated by Jared R. H. Foran, MD. Last reviewed June 2020 [Cited 05/30/2023]
5. Aetna, Joint Resurfacing, Number: [0661](#), Last review: 02/15/2022, Next review 07/13/2023. [Cited 05/30/2023]
6. Cigna, Medical Coverage Policies – [Musculoskeletal Hip Replacement/Arthroplasty](#), Effective July 01, 2021, ©2021 eviCore healthcare.[Cited 05/30/2023]
7. UpToDate, Inc. Complications of total hip arthroplasty. last updated: Mar 10, 2022, Current through: May 2023. Accessed 05/30/2023.
8. UpToDate, Inc. Overview of surgical therapy of knee and hip osteoarthritis, last updated: Aug 01, 2022, current through: May 2023. Accessed 05/30/2023.
9. UpToDate, Inc. Total hip arthroplasty, Last updated Nov 05, 2021, current through: May 2023. Accessed 05/30/2023

Publication History

- 09-26-06: Benefit Alert, original effective date
- 02-24-10: Transitioned to Medical Policy
- 04-25-12: Biennial review
- 01-29-14: Presbyterian Policy Retired
- 01-29-14: Presbyterian now uses MCG Criteria S-565
- 09-27-17: Annual Review. Accessed MCG S-565. Last update 2/2/217. No changes
- 07-22-20: Annual Review. Reviewed by PHP Medical Policy Committee on July 03, 2020. Agreed to remove MCG S-565, since it's for Inpatient service. The new criteria will be for Commercial and Centennial only and will be aligned with other carriers. CPT code 27130 is removed and replaced with S2118. Both S2118 and 27299 will require PA.
- 07-28-21 Annual Review. Reviewed by the PHP Medical Policy Committee on 07/16/2021. Criteria changed: the same criteria will apply as Total Joint Replacement (Hip/Knee) for Non-Medicare, MPM 20.14 but keep the recommendation by Hayes regarding the criteria for active patient less than 65 y/o and to not cover MoM total HRA for patients who are older than 65 years. Continue coverage for only Commercial and Centennial and continue PA requirement for S2118. The configuration for S2118 is classified as Surgery General and only allowed in the inpatient location.
- 07-27-22 Annual Review. Reviewed by the PHP Medical Policy Committee on 06/15/2022. No change. Continue the CY 2021 change to follow the same criteria as Total Joint Replacement (Hip/Knee) for Non-Medicare, MPM 20.14. Continue to follow Hayes and other payors recommendation regarding the age criteria for active patient less than 65 y/o. Continue non-covered for Medicare. Due to the restriction of "Active patient less than 65" and code S2118 is not covered by Medicare as of 01/01/2010. Continue PA for S2118.
- 07-26-23 Annual Review: Reviewed by PHP Medical Policy Committee on 06-02-2023. No change. Continue to follow the criteria as Total Joint Replacement (Hip/Knee) for Non-Medicare, MPM 20.14. Continue to follow Hayes and other payors recommendation regarding the age criteria for active patient less than 65 y/o. Continue non-covered for Medicare. Due to the restriction of "Active patient less than 65" code S2118 is not covered by Medicare as of 01/01/2010. Continue PA for S2118 and 27299.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.