Blue Cross Blue Shield of Rhode Island

EFFECTIVE DATE: 03/04/2008
POLICY LAST UPDATED: 03/04/2008

OVERVIEW

This payment policy documents coverage for Total Hip Resurfacing. Total hip resurfacing, for those individuals 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. Therefore, total hip resurfacing could be viewed as a time-buying procedure to delay the need for a total hip arthroplasty.

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

Metal-on-metal total hip resurfacing is covered.

MEDICAL CRITERIA

Not Applicable

BACKGROUND

Hip resurfacing is categorized as partial hip resurfacing, in which a femoral shell is implanted over the femoral head, and total hip resurfacing, consisting of an acetabular and femoral shell. 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, for those individuals 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. Therefore, total hip resurfacing could be viewed as a time-buying procedure to delay the need for a total hip arthroplasty. Total hip resurfacing compared to total hip arthroplasty includes 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.

Total hip resurfacing has undergone various changes over the past several decades, with modifications in prosthetic design and composition and implantation techniques. For example, similar to total hip prostheses, the acetabular components of total hip resurfacing have been composed of polyethylene or of ceramic. However, over the years it has become apparent that device failure was frequently related to the inflammatory osteolytic reaction to debris wear particles. This problem is aggravated in surface replacements because the larger size of the femoral head compared to total hip prosthesis increases the volume of debris wear particles. There has been interest in metal-on-metal designs as a technique to reduce the debris wear particles.

Food and Drug Administration List of Contraindications (not a complete listing):

Bone stock inadequate to support the device due to:

- o severe osteopenia or a family history of severe osteoporosis or severe osteopenia
- o osteonecrosis or avascular necrosis with more than 50% involvement of the femoral head.
- o 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

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable surgery services benefit/coverage.

CODING

Blue CHiP for Medicare and Commercial

According to the American Academy of Orthopaedic Surgeons (AAOS) the correct CPT code to use for total hip resurfacing is **27130**.

27130

RELATED POLICIES

None

PUBLISHED

Policy Update May 2008

REFERENCES

Vale L, Wyness L, McCormack K, et al. *Systematic review of the effectiveness and cost-effectiveness of metal on metal hip resurfacing arthroplasty for treatment of hip disease*. Aberdeen, UK: University of Aberdeen; November 28, 2001. Retrieved 3/16/07from: http://www.nice.org.uk/pdf/HipResurfacing-HTA-Report.pdf.