

Hip Resurfacing Arthroplasty

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Effective Date	9/1994
Next Review Date	2/15/2024
Coverage Policy	Surgical 62
Version	3

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details ^{*}.

Purpose:

This policy addresses Hip Resurfacing Arthroplasty.

Description & Definitions:

Hip Resurfacing Arthroplasty (HRA) is a surgical procedure used to remove diseased bone and cartilage and replaces with an alternate surface.

Criteria:

Hip resurfacing arthroplasty is considered medically necessary for **ALL** of the following:

- Treatment of degenerative joint disease is needed as indicated by **ALL** of the following:
 - Presence of significant radiographic findings (eg, hip joint destruction, severe narrowing)
 - Optimal medical management has been tried and failed (eg, analgesics, NSAIDs, physical therapy)
 - Individual has failed or is not candidate for femoral or pelvic (periacetabular) osteotomy.
 - Treatment is needed because of **1 or more** of the following:
 - Disabling pain
 - Functional disability
 - No contraindications to placement of metal-on-metal resurfacing implant including **ALL** of the following:
 - No active (or suspected) infection
 - No immature skeleton (eg, bones that are not fully grown)
 - No severe hip dysplasia
 - No known history of metal allergy or hypersensitivity (eg, reaction to metal jewelry)
 - No neuromuscular disease that would compromise postoperative recovery
 - No immunosuppression (eg, AIDS, chronic systemic corticosteroids)
 - No moderate or severe impairment in renal function (eg, estimated glomerular filtration rate not less than 60 mL/min/1.73m² (1.00 mL/sec/1.73m²))

- Not a woman with childbearing potential
- No severe obesity (eg, BMI not greater than 40)

Hip resurfacing arthroplasty is considered **not medically necessary** for any use other than those indicated in clinical criteria.

Coding:

Medically necessary with criteria:

Coding	Description
27299	Unlisted procedure, pelvis or hip joint
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2022: March
- 2021: March
- 2019: November
- 2016: May
- 2015: January
- 2012: December
- 2011: February, November
- 2010: February
- 2009: February
- 2008: January
- 2004: June (taken out of archive)
- 1999: November (archived)

Reviewed Dates:

- 2023: February
- 2020: April
- 2018: June, November
- 2017: December
- 2014: May
- 2013: January
- 2012: January
- 2010: January
- 2007: December
- 2005: June, December
- 1998: November
- 1996: September

Effective Date:

Surgical 62

- September 1994

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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https://www.uptodate.com/contents/overview-of-surgical-therapy-of-knee-and-hip-osteoarthritis?search=hip%20resurfacing&source=search_result&selectedTitle=1~6&usage_type=default&display_rank=1

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

Hip Resurfacing Arthroplasty, SHP Surgical 62, osteonecrosis, femoral head, subchondral collapse, hip replacement, metal-on-metal hip resurfacing, metal-on-polyethylene hip resurfacing implants, revision of hip resurfacing arthroplasty, hemi-hip resurfacing, hemiresurfacing or femoral head resurfacing arthroplasty [FHRA]) or a total HRA

