

# Hip Resurfacing Arthroplasty

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Effective Date 9/1994  
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Coverage Policy Surgical 62  
Version 3

**All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.\*.**

## 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/1.73m<sup>2</sup> (1.00 mL/sec/1.73m<sup>2</sup>))
- 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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Special Notes: \*

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination.

regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

**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