

Corporate Medical Policy

Partial Hip Resurfacing

File Name: partial_hip_resurfacing
Policy Number: SUR6529
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Description of Procedure or Service

Joints are formed by the ends of two or more bones connected by tissue called cartilage. The hip joint is a ball and socket, allowing a wide range of motion. The ball of the joint, the top of the thighbone (femoral head), moves within the hollow socket (acetabulum) of the pelvis. Healthy cartilage serves as a protective cushion, allowing smooth, low-friction movement of the joint. If the cartilage becomes damaged by disease or injury, the tissues around the joint become inflamed, causing pain. With time, the cartilage wears away, allowing the rough edges of bone to rub against each other, causing more pain.

When the entire joint is damaged, a total joint replacement is done. To replace a joint, the surgeon removes the diseased or damaged parts and inserts artificial parts, called prostheses or implants. In a total hip replacement, the surgeon cuts away the ball part of the joint, replacing it with a ball attached to a stem that is wedged into a hollowed-out space in the thighbone. Damaged cartilage and bone are removed from the socket and a cup-like component is inserted into the socket. When only some of the joint is damaged, a surgeon may be able to repair or replace just the damaged parts.

An alternative to total hip replacement is an operation called hip resurfacing. The principle of resurfacing is to reduce, as much as possible, the amount of bone that is removed from a patient at the time of surgery. Unlike the prostheses used in total hip replacement, which are made to replace the femoral head, resurfacing prosthesis designs allow the head to be preserved and reshaped. The surfaced bone is then capped with a metal prosthesis. Like total hip replacement, the socket is fitted with a prosthesis in total hip resurfacing. Hip resurfacing can be categorized as either partial or hemi hip resurfacing or total hip resurfacing.

In a partial or hemi hip resurfacing procedure, a small cobalt-chrome disc is placed over the damaged area of the femur head. The socket or acetabulum is not touched at all. Preservation of bone is especially attractive for young, active patients who are likely to outlive their first hip replacement operation and will most likely need to have another replacement operation during their lifetime. Not everyone is a candidate for resurfacing; the femoral head may be too damaged to hold the resurfacing component.

It is important that the patient does not have any risk factors that may increase the risk of failure of the partial surface hip replacement operation. Such risk factors are:

- previous operation on the hip joint, especially an operation that left the neck of the thighbone deformed,
- very active, heavy patients,
- patients with bone cysts (voids) in the femoral heads and necks,
- patients with very small and/or severely deformed hip joints.

This policy only addresses **partial hip resurfacing**. See separate policy for **total hip resurfacing** for further information.

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Policy

BCBSNC will provide coverage for Partial Hip Resurfacing when it is determined to be medically necessary because the medical criteria and guidelines shown below have been met.

Benefits Application

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

When Partial Hip Resurfacing is covered

Partial or hemi hip resurfacing may be considered medically necessary for the treatment of patients when all of the following criteria are met:

1. Patient has a diagnosis of one of the following:
 - ◆ Avascular necrosis (osteonecrosis), or
 - ◆ hip dysplasia, or
 - ◆ cartilage necrosis, or
2. Patient not suitable for free vascularized bone grafting or core decompression, and
3. Patient is less than 65 years of age; and
4. FDA approved resurfacing device is used.

When Partial Hip Resurfacing is not covered

Partial or hemi hip resurfacing is not covered when the criteria listed above have not been met.

Partial or hemi hip resurfacing for conditions other those indicated is considered investigational. BCBSNC does not provide coverage for investigational procedures.

Policy Guidelines

A hip joint femoral (hemi-hip) metallic resurfacing prosthesis is a device intended to be implanted to replace a portion of the hip joint. This type of device includes prostheses that have a femoral resurfacing component made of alloys, such as cobalt-chromium-molybdenum. Most of the devices that have received 510(k) approval to date are listed below. These are devices that have been approved by the FDA to be marketed in the US. **Please note that this is not an all-inclusive listing.

- Cormet 2000 Hemi Hip Metallic Resurfacing Prosthesis made by Corin U.S.A.
- Depuy ASR Resurfacing Femoral Heads made by Depuy Orthopaedics, Inc.
- Press-Fit Head Resurfacing Device made by Biomet Orthopedics, Inc.
- Contoured Articular Prosthesis (CAP) Femoral Head made by STD Manufacturing, Inc.
- Cemented Femoral Head Resurfacing Device made by Biomet Orthopedics, Inc.

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- Nelson Resurfacing Head made by Biomet, Inc.
- Modular Unipolar made by Intermedics Orthopedics
- Orthomet Resurfacing Femoral Component made by Orthomet, Inc.
- Modified New Jersey Femoral Hip Resurfacing Compo made by Endotec, Inc.
- Biopro Proximal Femora Articular Replacement made by Biopro, Inc.
- Bipolar Hip System made by Orthomet, Inc.
- LSF (R) Total Hip System-Bipolar Component made by Implant Technology, Inc.
- New Jersey Femoral Resurfacing Component made by Endomedics, Inc.
- Tillman Hip Resurfacing Replacement Prosthesis made by Waldemar Link GMBH & Co.
- Resurface Prostheses for Hip Joint made by Holco Instrument Corp.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

There is no specific CPT code for partial hip resurfacing. Services should be submitted in the form of an unlisted code (such as 27299). Medical records for the explanation of the service rendered may be necessary.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.01.80, 3/15/2005.

Food and Drug Administration Database Search. Retrieved on 5/18/2005 from <http://www.fda.gov/search/databases.html>.

Food and Drug Administration. Joint replacement: an inside look. FDA Consumer Magazine. March-April 2004. Pub No. FDA 04-1335C. Retrieved on 5/18/2005 from http://www.fda.gov/fdac/features/2004/204_joints.html.

Mont M, Rajadhyaksha A, Hungerford D. (December 2001). Outcomes of limited femoral resurfacing arthroplasty compared with total hip arthroplasty for osteonecrosis of the femoral head. *J Arthroplasty*, 16(8 Suppl 1), 134-9.

Beaule P, Amstutz H. (March/April 2004). Management of ficat stage III and IV osteonecrosis of the hip. *J Am Acad Orthop Surg*, 12(2), 96-105.

Hungerford M, Mont M, Scott R, Fiore C, Hungerford D, Krackow K. (November 1998). Surface replacement hemiarthroplasty for the treatment of osteonecrosis of the femoral head. *J Bone Joint Surg Am.*, 80(11), 1656-64.

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Amstutz H, Beaulé P, Dorey F, Duff M, Campbell, PO, Gruen, T. Metal-on-metal hybrid surface arthroplasty: two to six-year follow-up study. (January 2004). *J Bone Joint Surg Am.*, 86-A(1), 28-39.

Huo, M. What's new in hip arthroplasty. (October 2002). *J Bone Joint Surg Am.*, 84-A(10), 1894-905.

Medical Policy Advisory Group - 9/2005

Policy Implementation/Update Information

6/16/2005 New Policy issued. Partial or hemi hip resurfacing is considered medically necessary and covered when stated criteria are met.

10/8/05 Medical Policy Advisory Group review on 9/8/05. No changes to policy coverage criteria. References added.

6/18/07 Specialty Matched Consultant Advisory Panel review 5/18/07. No changes to policy coverage criteria. (adn)

7/6/09 Specialty Matched Consultant Advisory Panel review 5/21/09. No change to policy statement.(adn)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.