Medical Policy
Hip Resurfacing

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Policy Number: 046
BCBSA Reference Number: 7.01.80
NCD/LCD: N/A

Related Policies
- Surgical Treatment of Femoroacetabular Impingement, #145

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Metal-on-metal total hip resurfacing with U.S. Food and Drug Administration (FDA) approved device systems may be considered MEDICALLY NECESSARY as an alternative to total hip replacement in patients who:
- Are candidates for total hip replacement, AND
- Are likely to outlive a traditional prosthesis, AND
- Do not have contraindications for total hip resurfacing.

Partial hip resurfacing with an FDA-approved device may be considered MEDICALLY NECESSARY in patients with osteonecrosis of the femoral head who have one or more contraindications for metal-on-metal implants and meet all of the following criteria:
- The patient is a candidate for total hip replacement, AND
- The patient is likely to outlive a traditional prosthesis, AND
- The patient has known or suspected metal sensitivity or concern about potential effects of metal ions, AND
- There is no more than 50% involvement of the femoral head, AND
- There is minimal change in acetabular cartilage or articular cartilage space identified on radiography.

All other types and applications of total and partial hip resurfacing are INVESTIGATIONAL.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient Service</th>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Commercial PPO and Indemnity</th>
<th>Medicare HMO BlueSM</th>
<th>Medicare PPO BlueSM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**CPT Codes / HCPCS Codes / ICD Codes**

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

**CPT Codes**
There is no specific CPT code for this service.

**HCPCS Codes**

<table>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2118</td>
<td>Metal-on-metal total hip resurfacing, including acetabular and femoral components</td>
</tr>
</tbody>
</table>

**ICD-9 Procedure Codes**

<table>
<thead>
<tr>
<th>ICD-9-CM procedure codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00.75</td>
<td>Hip bearing surface, metal-on-metal</td>
</tr>
<tr>
<td>00.85</td>
<td>Resurfacing hip, total, acetabulum and femoral head</td>
</tr>
<tr>
<td>00.86</td>
<td>Resurfacing hip, partial, femoral head</td>
</tr>
<tr>
<td>00.87</td>
<td>Resurfacing, hip, partial, acetabulum</td>
</tr>
</tbody>
</table>

**ICD-10 Procedure Codes**

<table>
<thead>
<tr>
<th>ICD-10-PCS procedure codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0SU90BZ</td>
<td>Supplement Right Hip Joint with Resurfacing Device, Open Approach</td>
</tr>
<tr>
<td>0SUA0BZ</td>
<td>Supplement Right Hip Joint, Acetabular Surface with Resurfacing Device, Open Approach</td>
</tr>
<tr>
<td>0SUB0BZ</td>
<td>Supplement Left Hip Joint with Resurfacing Device, Open Approach</td>
</tr>
<tr>
<td>0SUE0BZ</td>
<td>Supplement Left Hip Joint, Acetabular Surface with Resurfacing Device, Open Approach</td>
</tr>
</tbody>
</table>
Description
Hip resurfacing can be categorized as partial hip resurfacing, in which a femoral shell is implanted over the femoral head, or total hip resurfacing, consisting of an acetabular and femoral shell. Total hip resurfacing describes the placement of a shell that covers the femoral head together with implantation of an acetabular cup in patients with painful hip joints. 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, investigated in a broader range of patients including those 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. Proposed advantages of total hip resurfacing compared to total hip arthroplasty include 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.

Summary
The evidence available at this time supports hip resurfacing (partial or total) as an effective alternative for active patients who are considered too young for total hip arthroplasty, when performed by surgeons experienced in the technique. The literature on risk factors for metallosis and implant failure is evolving as longer follow-up becomes available and there are contraindications that should be considered.

Examples of total hip resurfacing devices include the Buechel-Pappas Integrated Total Hip Replacement, the Conserve®Plus from Wright Medical Technology and the Birmingham Hip Resurfacing device. All total hip resurfacing devices are considered investigational regardless of the commercial name, the manufacturer or FDA approval status except as noted in the policy statement.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>11/2015</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>8/2015</td>
<td>Added coding language.</td>
</tr>
<tr>
<td>5/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
</tr>
<tr>
<td>12/2013</td>
<td>Removed ICD-9 diagnosis codes as the policy requires prior authorization. Added ICD-9 CM-procedure code 00.75 as it meets the intent of the policy.</td>
</tr>
<tr>
<td></td>
<td>No changes to policy statements.</td>
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<td>No changes to policy statements.</td>
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<td>No changes to policy statements.</td>
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<tr>
<td></td>
<td>Policy updated to address partial hip resurfacing when medical criteria are met.</td>
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<tr>
<td>7/2009</td>
<td>Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine, and</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References


