Medical Policy
Shoulder Resurfacing

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Policy Number: 156
BCBSA Reference Number: 7.01.119A

Related Policies
- Hip Resurfacing, #946
- Reverse Shoulder Arthroplasty, #161

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare Members: Managed Care HMO BlueSM and Medicare PPO BlueSM
Shoulder resurfacing, including total, hemi, or partial resurfacing is considered 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.

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<tr>
<th>Commercial Managed Care (HMO and POS)</th>
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CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. 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.

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

ICD-9 Diagnosis Codes
Investigational for all diagnoses.

Description
Resurfacing the shoulder joint is a method to treat painful shoulders without replacing the humeral head. Resurfacing of the humeral head can be accomplished with devices that provide either complete or partial coverage, and may be performed alone (hemi-resurfacing) or in combination with glenoid resurfacing (total shoulder resurfacing). The objective of resurfacing is to preserve the individual patient's normal head-neck anatomy and bone stock.

Examples of prosthetic designs for shoulder resurfacing include the Mark prosthesis from Copeland™, the Extended Articulating Surface (EAS)™ Resurfacing Heads from Biomet Manufacturing, and Global CAP™ CTA Resurfacing Shoulder Humeral Head from DePuy. All shoulder resurfacing prosthetic systems are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary
For shoulder resurfacing, questions remain about the stability and durability of these prostheses, as well as the effect of partial or total humeral resurfacing on the glenoid. Controlled studies are needed to evaluate the risks and benefits of hemi- and total shoulder resurfacing in comparison with hemi- and total shoulder replacement. At the present time, evidence is insufficient to permit conclusions concerning the effect of this procedure on health outcomes. Therefore, partial resurfacing, humeral resurfacing and total shoulder resurfacing are considered investigational.

Policy History

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<th>Date</th>
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<td>3/01/10</td>
<td>New policy, effective 3/01/10.</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


Last viewed May 2009.