



Clinical Review Criteria Related to Total Hip Resurfacing

I. Criteria for Approval

- A. Total hip resurfacing is considered medically necessary for use in select patients requiring primary hip resurfacing arthroplasty due to these conditions:
 - 1. non-inflammatory arthritis (degenerative joint disease) such as:
 - a. osteoarthritis
 - b. traumatic arthritis
 - c. avascular necrosis (see exception below)
 - d. dysplasia/developmental dislocation of the hip
 - 2. inflammatory arthritis, such as rheumatoid arthritis.
- B. Total hip resurfacing is intended for patients who are:
 - 1. relatively young in age (less than or equal to 65 years old) and/or relatively physically active, AND
 - a. expected to outlive conventional THR prosthesis and who, therefore, face the possibility of multiple revision procedures during their lifetime, AND
 - b. have normal proximal femoral bone geometry and bone quality
 - 2. have radiographic evidence of joint damage and/or chronic pain or disability that interferes with daily activities AND a history of unsuccessful conservative treatment (12 weeks) clearly documented in the clinical notes. ***If conservative treatment is not appropriate, the clinical note must also reflect why it is not reasonable.
- C. The surgeon performing the procedure has received the appropriate training from the manufacturer, and the resurfacing components have been FDA approved.

II. Required Documentation

- A. Letter of medical necessity documenting pain at the hip joint that increases with activity or weight bearing and interferes with activities of daily living, AND
- B. Physical findings reveal limited range of motion of the joint, pain with passive range of motion and antalgic gait, AND
- C. Imaging documentation consistent with conditions described, AND
- D. Documented bone-on-bone contact on imaging.

III. What is Not Covered

- A. Infection or sepsis
- B. Skeletally immature (under 21 years of age)
- C. Vascular insufficiency, muscular atrophy, or neuromuscular disease severe enough to compromise implant stability or postoperative recovery
- D. Bone stock inadequate to support the device including:
 - 1. severe osteopenia
 - 2. family history or severe osteoporosis or severe osteopenia
 - 3. osteonecrosis or avascular necrosis with >50% involvement of the femoral head
 - 4. multiple cysts of the femoral head > 1cm.
 - a. In cases of questionable bone stock, a dual-energy x-ray absorptiometry (DEXA) scan may be necessary to assess inadequate bone stock.
- E. Females of child-bearing age
- F. Known moderate-to-severe renal insufficiency
- G. Immunosuppressed with diseases such as AIDS or receiving high doses of corticosteroids
- H. BMI greater than 40
- I. Known or suspected metal sensitivity (e.g., jewelry) or concern about effects of metal ions.
- J. Metal-on-polyethylene total HRA is not covered in any patient population related to the poor clinical outcomes reported for metal-on-polyethylene implants for hip resurfacing.

CPT code:
27299-Unlisted procedure, pelvis or hip joint

REFERENCES:

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

Winifred S. Hayes, Inc., Metal on Metal Hip Resurfacing Arthroplasty versus Total Hip Replacement for Osteoarthritis, Nov 10, 2015

Hip Resurfacing-Ortho Info-AAOS, last reviewed 6/2010. <http://orthoinfo.aaos.org>

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Deborah A. Marshall PHD, Karen Pykerman MPH, Jason Werle MD, Diane Lorenzetti MLS, Tracy Wasylak CHE, Tom Noseworthy MD. Hip Resurfacing versus Total Hip Arthroplasty: A Systematic Review Comparing Standardized Outcomes. Clinical Orthopaedics and Related Research, July 2014, Volume 472, Issue 7, pp 2217-2230

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