

Metal on Metal Hip Resurfacing

Last Review Date: October 13, 2017

Number: MG.MM.SU.41aC7

Medical Guideline Disclaimer

Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, ("EmblemHealth") has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated and GHI HMO Select, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

1. Metal-on-metal (MoM) hip resurfacing may be categorized in either of two ways:
 - **Total** – The removal of the diseased or damaged femur head and acetabulum surface whereby the head is fitted with a metal surface and the acetabulum is lined with a metal cup, forming a pair of metal bearings.
 - **Partial** – The removal of the femoral head surface and replacement with a hollow metal shell while preserving the acetabulum. Partial hip resurfacing arthroplasty is considered a treatment option for some patients with traumatic injury or osteonecrosis when the femoral head is collapsed or damaged but the acetabulum is unaffected.
2. Osteonecrosis – A disease in which temporary or permanent loss of the blood supply to the bones causes bone tissue to die and the bone to collapse. Also known as avascular necrosis, aseptic necrosis and ischemic necrosis.

Guideline

Members who are candidates for total hip arthroplasty and who have adequate bone stock are eligible for coverage of partial or total resurfacing with an FDA-approved device. There must be documented presence of chronic pain or disability refractory to conservative management (e.g., analgesic and nonsteroidal anti-inflammatory drugs, physical therapy, reduced weight bearing and reduction in physical activities) for Plan consideration. Candidates for partial or total resurfacing must:

1. Be active and fit individuals with normal proximal bone geometry and quality who are likely to live longer than the device would last

AND

2. Have at least 1 of the following:
 - Avascular necrosis of the femoral head
 - Deformity of the femur or an internal fixation device that would make insertion of a stemmed femoral component difficult
 - Post-traumatic osteoarthritis
 - Primary osteoarthritis
 - Secondary osteoarthritis

Limitations

1. Inflammatory arthritis¹

Exclusions

HRA is not considered medically necessary when **any** of the following contraindications are applicable:

1. Mature bone growth not yet achieved
2. Presence of a blood-vessel-related disease, muscle-related disease or nerve-and-muscle-related disease that would prevent the artificial hip joint device from remaining stable or the member from following instructions during the recovery period
3. Insufficient bone health stock or poor bone quality (e.g., osteoporosis or osteomalacia)
4. Bone loss affecting > half of the femoral head
5. Presence of multiple cysts > 1 cm in the femoral head
6. Female of child-bearing age (it is unknown whether metal ions released by the device could harm an unborn child)
7. Known allergy to one of the constituents of the implant
8. Femoral head deformities
9. Active infection
10. Leg discrepancies >1.0 cm (where restoration of length is not possible)
11. Body mass index ≥ 35 (also referred to as class 1 obesity)
12. Uncompensated renal insufficiency
13. Presence of malignant tumors

¹ These patients typically have low bone density and are at risk for a femoral neck fracture or loss of fixation of the hip resurfacing implants. Requests for this indication will be reviewed on a case-by-case basis.

Applicable Procedure Codes

27125	Hemiarthroplasty, hip partial
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip replacement), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, both components with or without allograft or autograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components

Applicable ICD-10 Diagnosis Codes

M16.0	Bilateral primary osteoarthritis of hip
M16.10	Unilateral primary osteoarthritis, unspecified hip
M16.11	Unilateral primary osteoarthritis, right hip
M16.12	Unilateral primary osteoarthritis, left hip
M16.2	Bilateral osteoarthritis resulting from hip dysplasia
M16.30	Unilateral osteoarthritis resulting from hip dysplasia, unspecified hip
M16.31	Unilateral osteoarthritis resulting from hip dysplasia, right hip
M16.32	Unilateral osteoarthritis resulting from hip dysplasia, left hip
M16.4	Bilateral post-traumatic osteoarthritis of hip
M16.50	Unilateral post-traumatic osteoarthritis, unspecified hip
M16.51	Unilateral post-traumatic osteoarthritis, right hip
M16.52	Unilateral post-traumatic osteoarthritis, left hip
M16.6	Other bilateral secondary osteoarthritis of hip
M16.7	Other unilateral secondary osteoarthritis of hip
M16.9	Osteoarthritis of hip, unspecified
M87.051	Idiopathic aseptic necrosis of right femur
M87.052	Idiopathic aseptic necrosis of left femur
M87.059	Idiopathic aseptic necrosis of unspecified femur
M87.150	Osteonecrosis due to drugs, pelvis
M87.151	Osteonecrosis due to drugs, right femur

M87.152	Osteonecrosis due to drugs, left femur
M87.159	Osteonecrosis due to drugs, unspecified femur
M87.250	Osteonecrosis due to previous trauma, pelvis
M87.251	Osteonecrosis due to previous trauma, right femur
M87.252	Osteonecrosis due to previous trauma, left femur
M87.256	Osteonecrosis due to previous trauma, unspecified femur
M87.350	Other secondary osteonecrosis, pelvis
M87.351	Other secondary osteonecrosis, right femur
M87.352	Other secondary osteonecrosis, left femur
M87.353	Other secondary osteonecrosis, unspecified femur
M87.850	Other osteonecrosis, pelvis
M87.851	Other osteonecrosis, right femur
M87.852	Other osteonecrosis, left femur
M87.859	Other osteonecrosis, unspecified femur
M90.551	Osteonecrosis in diseases classified elsewhere, right thigh
M90.552	Osteonecrosis in diseases classified elsewhere, left thigh
M90.559	Osteonecrosis in diseases classified elsewhere, unspecified thigh

References

Hayes, Inc. Total Hip Resurfacing Arthroplasty. Lansdale, Pa: Winifred S. Hayes, Inc.; July 13, 2006.

National Institute of Arthritis and Musculoskeletal and Skin Diseases. Questions and Answers about Osteonecrosis (Avascular Necrosis). October 2015. <https://www.niams.nih.gov/health-topics/osteonecrosis>. Accessed October 17, 2017.

National Institute for Health and Clinical Excellence. Metal on Metal Hip Resurfacing: Guidance. February 2014. <https://www.nice.org.uk/guidance/ta304>. Accessed October 17, 2017.

Specialty-matched clinical peer review.