Metal on Metal Hip Resurfacing

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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 arthritis

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

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

### Applicable ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<td>M16.0</td>
<td>Bilateral primary osteoarthritis of hip</td>
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<tr>
<td>M16.10</td>
<td>Unilateral primary osteoarthritis, unspecified hip</td>
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<td>M16.11</td>
<td>Unilateral primary osteoarthritis, right hip</td>
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<td>M16.4</td>
<td>Bilateral post-traumatic osteoarthritis of hip</td>
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<td>M90.559</td>
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References


Specialty-matched clinical peer review.