Oregon Health Plan Prioritized List Changes
Hip Resurfacing

The Health Evidence Review Commission approved the following changes to the Prioritized List of Health Services on August 9, 2013 based on the approved coverage guidance, "Hip Resurfacing." The changes will take effect for the Oregon Health Plan on October 1, 2012.

New guideline note:

GUIDELINE NOTE: HIP RESURFACING
Line 384

Hip resurfacing is a covered service for patients who are likely to outlive a traditional prosthesis and who would otherwise require a total hip replacement, and should only be done by surgeons with specific training in this technique.

The following criteria are required to be met for coverage of this procedure:

A) The diagnosis of osteoarthritis or inflammatory arthritis
B) Failure of nonsurgical management
C) The device must be FDA approved

Patients who are candidates for hip resurfacing must not be:

A) Patients with active or suspected infection in or around the hip joint, or sepsis
B) Patients who are skeletally immature
C) Patients with any vascular insufficiency, muscular atrophy, or neuromuscular disease severe enough to compromise implant stability or postoperative recovery
D) Patients with bone stock inadequate to support the device, including severe osteopenia or afamily history of severe osteoporosis or osteopenia
E) Patients with osteonecrosis or avascular necrosis with >50% involvement of the femoral head
F) Patients with multiple cysts of the femoral head
G) Females of childbearing age
H) Patients with known moderate-to-severe renal insufficiency
I) Patients who are immunosuppressed with diseases such as AIDS or persons receiving highdoses of corticosteroids
J) Patients who are severely overweight
K) Patients with known or suspected metal sensitivity