



MASSACHUSETTS

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## Medical Policy

### Reverse Shoulder Arthroplasty

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#### Policy Number: 161

BCBSA Reference Number: 7.01.114

#### Related Policies

None

#### Policy

##### **Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members**

Reverse shoulder arthroplasty may be considered **MEDICALLY NECESSARY** when no alternative treatment would be expected to provide an acceptable clinical outcome to treat the following conditions:

- Failed hemiarthroplasty or failed total shoulder arthroplasty with irreparable rotator cuff deficiency, or
- Comminuted fractures (3 or 4 part) of the proximal humerus in an older population (e.g., 65 years of age or older), or
- Non-functioning irreparable rotator cuff and glenohumeral arthropathy,

Reverse shoulder arthroplasty for all other conditions is **INVESTIGATIONAL**.

#### Prior Authorization Information

##### **Commercial Members: Managed Care (HMO and POS)**

Pre-authorization is required.

##### **Commercial Members: PPO, and Indemnity**

Pre-authorization is required.

##### **Medicare Members: Blue<sup>SM</sup>**

Pre-authorization is required.

##### **Medicare Members: PPO Blue<sup>SM</sup>**

Pre-authorization is required.

## 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.

### Description

Reverse shoulder arthroplasty is a surgical procedure that reverses the "ball-and-socket" configuration of the glenohumeral joint using a reverse shoulder prosthesis (RSP) in which the spherical "ball" component is attached to the glenoid and the cup-shaped polyethylene "socket" is attached to the humerus. Natural shoulder configuration requires a functioning rotator cuff to balance the anterior-superior pull of the deltoid muscle and stabilize the joint. In the absence of stabilization by the rotator cuff, deltoid muscle contraction may result in superior subluxation (dislocation) of the humeral head. Subsequently, use of conventional total shoulder prostheses in patients with a non-functioning rotator cuff frequently leads to long-term complications and unsatisfactory functional results. RSP was specifically designed to address the limitations of conventional prostheses in patients with a non-functioning irreparable rotator cuff.

Biomechanically, the RSP moves the center of rotation of the arm laterally and changes the direction of the pull of the deltoid muscle, allowing the deltoid to elevate the arm without functioning rotator cuff tendons. Implantation of the RSP is considered to be a technically challenging surgical procedure that may be associated with a high complication rate. Device-specific complications include notching of the inferior scapula, baseplate fixation failures, and dislocation of the prosthesis.

The primary indication for RSP is painful and symptomatic rotator-cuff tear arthropathy (diseased joint), characterized by superior subluxation (dislocation) of the humeral head in conjunction with glenohumeral arthrosis ("shoulder joint"). It is proposed that the RSP may provide a viable surgical solution for salvaging function in patients with irreparable non-functioning rotator cuffs found in rheumatoid arthritis where there is associated rotator-cuff arthropathy, as well as post-traumatic arthritis with rotator-cuff dysfunction. Examples of RSP include the Grammont reverse shoulder prosthesis, redesigned as the Delta III Reverse Shoulder Prosthesis from Delta and DePuy, the Trabecular Metal™ Reverse Shoulder System from Zimmer, and the Encore® Reverse® Shoulder Prosthesis from Encore Medical. All RSP devices for reverse shoulder arthroplasty are considered investigational regardless of the commercial name, the manufacturer or FDA approval status except when used for the medically necessary indications that are consistent with the policy statement

### Summary

Overall, the literature suggests that shoulder function may be improved in comparison with the "limited goals" expected following hemiarthroplasty in a select group of patients. However, complications with this type of prosthesis are common, and the long-term survival of the implants is currently unknown. The majority of investigators appear to agree that arthroplasty with this implant should be reserved as a salvage procedure for situations in which an acceptable clinical outcome cannot be expected with another treatment modality.

The evidence is considered sufficient for patients to make an informed choice based on assessment of comparative risks and benefits. Thus, reverse shoulder arthroplasty is considered to be an appropriate salvage procedure when no alternative treatment is available that would be expected to result in an acceptable clinical outcome.

## Policy History

Date	Action
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
6/2011	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation and Rheumatology. No changes to policy statements.
7/2010	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation and Rheumatology. No changes to policy statements.
3/01/2010	Medical Policy 161 created effective 3/01/2010

## 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

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