

## Clinical Policy: Radial Head Implant

Reference Number: CP.MP.148

Last Review Date: 05/20

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### Description

Radial head implant, or arthroplasty, was developed for the treatment of complex radial head fractures, and severe arthritic conditions causing radial head joint destruction.

### Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® that radial head implants are **medically necessary** when meeting the following:
  - A. Has one of the following indications:
    1. Type III comminuted fractures of the radial head or fracture is deemed irreparable intraoperatively; or
    2. Radiographic evidence of radial head joint destruction, too far advanced to benefit from radial head excision and synovectomy, with demonstrated resistance or failure of conservative medical treatment;
  - B. Has none of the following contraindications:
    1. Untreated or unresolved elbow sepsis within the past 12 months;
    2. Previous fascial or other interpositional arthroplasty, or previous hinged arthroplasty with the use of a capitellocondylar implant;
    3. Excessive bone loss on either side of the joint or poorly functioning flexor or extensor mechanism.
- II. It is the policy of health plans affiliated with Centene Corporation that radial head implants are **not medically necessary** for any other indications than those specified above.

### Background

#### *Radial Head Fractures*

Radial-head and -neck fractures are common and occur in about 30% of elbow fractures. The following modified Mason classification is frequently used to describe the fractures:

- Mason Type I – nondisplaced fractures (displacement  $\leq 2$  mm);
- Mason Type II – displaced fractures  $> 2$  mm;
- Mason Type III – comminuted fractures in which bone is broken, splintered or crushed into a number of pieces. Treatment includes excision, operative fixation and replacement arthroplasty;
- Mason Type IV – radial head fracture associated with elbow fracture/dislocation. <sup>8</sup>

Immediate orthopedic evaluation is necessary for any individual with an open fracture, neurovascular compromise, or fracture dislocation. Immediate reduction is critical in patients who present with a radial-head or -neck fracture and elbow dislocation. The longer the joint is allowed to remain dislocated, the more difficult the reduction and the greater the risk of avascular necrosis. <sup>8</sup>

*Studies*

The peer-reviewed evidence for optimal management of Mason type III radial head fractures is unclear, since there is difficulty performing randomized controlled trials due to the small numbers of these types of fractures. Type III comminuted fractures often do poorly with open reduction internal fixation, especially when there are more than three fragments; in addition, there is a risk of posterior interosseous nerve injury with the procedure. Although many of the studies related to radial head implants are small, these types of prostheses are noted as an acceptable option in cases of Type III comminuted fractures. Many of these fractures will have a ligamentous injury between the radius and ulna shaft in the forearm, which are termed Essex-Lopresti injuries. Excision of a radial head fracture that has an associated Essex Lopresti injury will cause very significant shortening and wrist morbidity.<sup>3, 4, 5, 9</sup>

The radial head implant is also beneficial in patients with rheumatoid arthritis with radiographic evidence of joint destruction, which is too far advanced to benefit from radial head excision and synovectomy. In patients with rheumatoid arthritis, arthroplasty should be considered only after conservative medical treatment has failed; this would include pharmacologic therapy consisting of combinations of salicylates, nonsteroidal anti-inflammatory drugs, disease modifying antirheumatic drugs, and/or glucocorticoids for 3-6 months.<sup>7</sup>

In summary, multicenter, long-term, evidence-based, peer-reviewed studies or clinical trials would be helpful to assess the benefits and/or problems associated with radial head implants.

**Coding Implications**

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CPT® Codes	Description
24366	Arthroplasty, radial head; with implant

HCPCS Codes	Description
N/A	

**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

ICD-10-CM Code	Description
M06.821	Other specified rheumatoid arthritis, right elbow
M06.822	Other specified rheumatoid arthritis, left elbow

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ICD-10-CM Code	Description
S52.121 (A-S)	Displaced fracture of head of right radius
S52.122(A-S)	Displaced fracture of head of left radius

Reviews, Revisions, and Approvals	Date	Approval Date
Policy Adopted from Health Net Radial Head Implant	07/17	08/17
References reviewed and updated.	05/18	05/18
Reorganized without clinical impact: moved “history of previous elbow sepsis,” “Previous fascial or other interpositional arthroplasty...,” and “Excessive bone loss...” from the not medically necessary statement to contraindications section in I. Clarified that any of the previous arthroplasties alone are contraindications, and that extensive bone loss <b>or</b> poor flexion <b>or</b> extension mechanisms are contraindications.	10/18	
Added in I.A.1 “or fracture is considered irreparable intraoperatively” and in I.B.1 changed history of sepsis to untreated or unresolved sepsis in past 12 months. Specialty review.	05/19	05/19
References reviewed and updated.	05/20	05/20

**References**

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**Important Reminder**

## **CLINICAL POLICY**

### **Radial Head Implant**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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