

**Policy terminated because Medicaid covers codes in the same manner as
Health Choice**

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1.0 Description of the Procedure, Product, or Service

A ligament is a tough, fibrous band of tissue that links two bones together at a joint. Ligaments help stabilize a joint by limiting mobility. There are four ligaments that are critical to the stability of the knee joint. The anterior cruciate ligament (ACL) runs down the middle of the knee and attaches the femur (the thigh bone) to the tibia (shin bone). The ACL is the most commonly injured ligament in the knee. A tear in this ligament can occur following a sudden impact, and is generally caused by a sudden twisting motion, as in the feet being planted in one direction with the knees turned in the opposite direction. Once torn, the knee becomes noticeably unstable. Because the ACL has a relatively poor vascular supply, it usually will not heal without medical intervention. The poor healing of the ACL has prompted orthopedic surgeons to perform ACL reconstruction rather than repairs.

The current standard of care for ACL injury requiring reconstruction is autograft replacement. The material used to reconstruct the ligament is called a graft. With an autograft, the replacement material comes from the recipient's own body, such as the tendon of the knee cap. An allograft is tissue from another person's body that is harvested at the time of death. The advantage of using an allograft is that the surgeon does not have to disturb or remove any normal tissue from the knee for the purpose of creating a graft.

Surgery may be performed by using either an open or arthroscopic approach. During arthroscopic ACL reconstruction, the surgical instruments and a camera are inserted through several small incisions around the knee. After drilling holes into the upper and lower leg bones, the graft is anchored into place.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Allograft reconstruction of the anterior cruciate ligament is considered medically necessary for the following indications:

- a. Young, growing recipients in whom the bone plates have not yet closed;
- b. Prior failed reconstruction of the anterior cruciate ligament;
- c. Multiple ligament repairs, e.g., ACL/PCL (anterior cruciate ligament/posterior cruciate ligament) reconstruction, ACL/PCL/LCL (anterior cruciate ligament/posterior cruciate ligament/lateral collateral ligament) reconstruction; or
- d. the recipient is not a candidate for autogenous transplantation because:
 1. the recipient's own tissues have been compromised by previous surgery or injury
 2. the recipient has any other contraindication to using their own tissue such as collagen disease or generalized ligamentous laxity.

3.3 Policy Guidelines

While there are few long-term published studies comparing the use of allograft to autograft procedures and outcome measures differ widely across studies, short-term improvements in pain and activity have been reported. Many recipients appear to have done well clinically. There is sufficient evidence in published peer-reviewed, scientific literature to support the use of ACL allograft transplantation as an alternative to autograft use.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Anterior Cruciate Ligament Allograft is not covered when the criteria in **Subsection 3.2** are not met.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for Anterior Cruciate Ligament Allograft procedures.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

| Date | Section Revised | Change |
|--|-----------------|--|
| July 1, 2010 | Throughout | Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.” |
| Date of Termination: February 29, 2012 | Throughout | Policy Termination |
| | | |

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

CPT codes 27407 or 29888 may be used.

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital, Outpatient Hospital; ASC.

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.