

Policy terminated because Medicaid covered services are covered in the same manner as Health Choice.

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1.0 Description of the Procedure, Product, or Service

Joints are formed by the ends of two or more bones connected by tissue called cartilage. The hip joint is a ball and socket, allowing a wide range of motion. The ball of the joint, the top of the thighbone (femoral head), moves within the hollow socket (acetabulum) of the pelvis. Healthy cartilage serves as a protective cushion, allowing smooth, low-friction movement of the joint. If the cartilage becomes damaged by disease or injury, the tissues around the joint become inflamed, causing pain. With time, the cartilage wears away, allowing the rough edges of bone to rub against each other, causing more pain.

When the entire joint is damaged, a total joint replacement is done. To replace a joint, the surgeon removes the diseased or damaged parts and inserts artificial parts, called prostheses or implants. In a total hip replacement, the surgeon cuts away the ball part of the joint, replacing it with a ball attached to a stem that is wedged into a hollowed-out space in the thighbone. Damaged cartilage and bone are removed from the socket and a cup-like component is inserted into the socket. When only some of the joint is damaged, a surgeon may be able to repair or replace just the damaged parts.

Hip resurfacing is an operative procedure that is an alternative to total hip replacement. The principle of resurfacing is to reduce, as much as possible, the amount of bone that is removed from a patient at the time of surgery. Unlike the prostheses used in total hip replacement, which are made to replace the femoral head, resurfacing prosthesis designs allow the head to be preserved and reshaped. The surfaced bone is then capped with a metal prosthesis. Like total hip replacement, the socket is fitted with a prosthesis in total hip resurfacing. Hip resurfacing can be categorized as either partial or hemi hip resurfacing or total hip resurfacing.

In a partial or hemi hip resurfacing procedure, a small cobalt-chrome disc is placed over the damaged area of the femur head. The socket or acetabulum is not touched at all. Preservation of bone is especially attractive for young, active patients who are likely to outlive their first hip replacement operation and will most likely need to have another replacement operation during their lifetime. Not everyone is a candidate for resurfacing; the femoral head may be too damaged to hold the resurfacing component.

A Hip joint femoral (hemi-hip) metallic resurfacing prosthesis is a device intended to be implanted to replace a portion of the hip joint. This type of device includes prostheses that have a femoral resurfacing component made of alloys, such as cobalt-chromium-molybdenum. Most of the devices that have received 510(k) approval to date are listed below. The following list includes FDA-approved devices to be marketed in the U.S.:

1. Cormet 2000 Hemi Hip Metallic Resurfacing Prosthesis made by Corin U.S.A.
2. Depuy ASR Resurfacing Femoral Heads made by Depuy Orthopaedics, Inc.
3. Press-Fit Head Resurfacing Device made by Biomet Orthopedics, Inc.
4. Contoured Articular Prosthesis (CAP) Femoral Head made by STD Manufacturing, Inc.
5. Cemented Femoral Head Resurfacing Device made by Biomet Orthopedics, Inc.
6. Nelson Resurfacing Head made by Biomet, Inc.
7. Modular Unipolar made by Intermedics Orthopedics
8. Orthomet Resurfacing Femoral Component made by Orthomet, Inc.
9. Modified New Jersey Femoral Hip Resurfacing Compo made by Endotec, Inc.
10. Biopro Proximal Femora Articular Replacement made by Biopro, Inc.
11. Bipolar Hip System made by Orthomet, Inc.
12. LSF (R) Total Hip System-Bipolar Component made by Implant Technology, Inc.
13. New Jersey Femoral Resurfacing Component made by Endomedics, Inc.
14. Tillman Hip Resurfacing Replacement Prosthesis made by Waldemar Link GMBH & Co.
15. Resurface Prostheses for Hip Joint made by Holco Instrument Corp.

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

Partial or hemi hip resurfacing is covered under the NC Health Choice Program when it is determined to be medically necessary because the following medical criteria have been met:

- a. The recipient must not have any risk factors that may increase the risk of failure of the partial surface hip replacement operation. Such risk factors are:
 - 1. previous operation on the hip joint, especially an operation that left the neck of the thighbone deformed;
 - 2. very active, heavy recipients;
 - 3. recipients with bone cysts (voids) in the femoral heads and necks; or
 - 4. recipients with very small and/or severely deformed hip joints.
 - b. **ALL** of the following criteria are met:
 - 1. Recipient has a diagnosis of one of the following:
 - (a) Avascular necrosis (osteonecrosis),
 - (b) hip dysplasia, or
 - (c) cartilage necrosis.
- AND**
- c. Recipient not suitable for free vascularized bone grafting or core decompression,
AND
 - d. FDA approved resurfacing device is used.

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

Partial or hemi hip resurfacing is not covered when the criteria listed in Section 3.2 have not been met. Partial or hemi hip resurfacing for conditions other than those indicated is considered investigational.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for partial hip resurfacing.

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.”
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)

There is no specific CPT code for partial hip resurfacing. Services may be submitted in the form of an unlisted code (such as 27299). Unlisted codes suspend for medical review. Medical records for the explanation of the service rendered may be necessary.

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 and Outpatient Hospital

G. Co-payments

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

H. Reimbursement

Providers must bill their usual and customary charges.