

**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

Hip resurfacing can be categorized as partial hip resurfacing or total hip resurfacing. Partial hip resurfacing involves placing a femoral shell over the head or top of the femur which is the bone that extends from the knee to the hip.

Partial hip resurfacing is considered a treatment option for avascular necrosis with collapse of the femoral head and preservation of the acetabulum. Total hip resurfacing involves placing the femoral shell and also placing a shell in the acetabulum which is the cup shaped cavity on the hip bone. The femur fits into this cavity.

Total hip resurfacing was investigated in a broader range of patients including those with osteoarthritis, rheumatoid arthritis, and advanced avascular necrosis. It may be considered an alternative to total hip arthroplasty, particularly in young active patients who would potentially outlive a total hip prosthesis or replacement. Therefore, total hip resurfacing could be viewed as a time-buying procedure to delay the need for a total hip arthroplasty. Proposed advantages of total hip resurfacing compared to total hip arthroplasty include preservation of the femoral neck and femoral canal. This would facilitate a revision or conversion to a total hip replacement, if required. In addition, the resurfaced head is more similar in size to the normal femoral head. This increases the stability and decreases the risk of dislocation compared to total hip arthroplasty.

Total hip resurfacing has undergone various evolutions over the past several decades, with modifications in prosthetic design and composition and implantation techniques. For example, similar to total hip prostheses, the acetabular components of total hip resurfacing have been composed of polyethylene. However, over the years it has become apparent that device failure was frequently related to the inflammatory osteolytic reaction to debris wear particles. The normal wear on the hip causes bits of debris which cause this inflammatory reaction. This problem is aggravated in surface replacements because the larger size of the femoral head compared to total hip prosthesis increases the volume of debris wear particles. At the present time, there is one device that has a ceramic femoral component and a polyethylene acetabular component. There is another device with a metal-on-metal design thought to reduce debris wear particles.

1.1 Medical Term Definitions

- a. Arthroplasty: creation of an artificial joint.
- b. Avascular necrosis: pathologic death of a portion of tissue or organ, resulting from irreversible damage due to deficient blood supply.
- c. Osteolytic: softening, absorption, and destruction of bony tissue.

2.0 Eligible Members

2.1 General Provisions

To be eligible, NCHC members 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 member'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 member, the member's caretaker, or the provider.

3.2 Specific Criteria

- a. NC Health Choice Program may cover total hip resurfacing when the criteria below are met.
- b. Metal-on-metal total hip resurfacing with an FDA-approved device system may be considered medically necessary and covered under the NC Health Choice Program as an alternative to total hip replacement in recipients who are candidates for total hip replacement; and who are likely to outlive a traditional prosthesis and who do not have contraindications for total hip resurfacing.

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 member does not meet the eligibility requirements listed in **Section 2.0**;
- b. the member 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

Total hip resurfacing is not covered in the following situations:

- a. Metal-on-metal total hip resurfacing is not covered when the criteria in **Subsection 3.2** have not been met.
- b. All other types and applications of total hip resurfacing are considered investigational. The NC Health Choice Program does not cover investigational procedures.

4.3 Policy Guidelines

Initially, there was very minimal published medical literature regarding total hip resurfacing, using either polyethylene components or metal-on-metal designs. In February 2007, a BCBS Association Technology Evaluation Center (TEC) reviewed evidence published through January 2007 on metal-on-metal total hip resurfacing. The TEC assessment evaluated studies of individuals with advanced degenerative joint disease of the hip who received a hip resurfacing device and that reported data on short and long-term clinical outcomes, including benefits and harms, as an alternative to total hip replacement. The TEC assessment concluded that use of the FDA-approved metal-on-metal hip resurfacing devices met the criteria as an alternative to total hip replacement in patients who are candidates for total hip replacement and who are likely to outlive a traditional prosthesis.

There is minimal published medical literature regarding total hip resurfacing using polyethylene components.

In the May 2006 premarket approval of the (metal-on-metal) Birmingham device, the FDA listed several contraindications for total hip resurfacing. These contraindications include the following:

1. patients with infection or sepsis
2. patients who are skeletally immature
3. patients with any vascular insufficiency, muscular atrophy, or neuromuscular disease severe enough to compromise implant stability or postoperative recovery
4. patients with bone stock inadequate to support the device including:
 - a. patients with severe osteopenia or a family history of severe osteoporosis or osteopenia
 - b. patients with osteonecrosis or avascular necrosis with > 50% involvement of the femoral head (regardless of FICAT Grade)
 - c. patients with multiple cysts of the femoral head (> 1cm)
5. females of child-bearing age due to unknown effect on the fetus of metal ion release
6. patients with known moderate to severe renal insufficiency
7. patients who are immunosuppressed or receiving high doses of corticosteroids
8. patients who are severely overweight
9. patients with known or suspected metal sensitivity (e.g., jewelry)

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for total 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)

| CPT Code |
|----------|
| 27299 |

| HCPCS Code |
|------------|
| S2118 |

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.