

Biometric Bone Void Filler

Policy ID:	HHO-DE-MP-1091
Approved By:	Highmark Health Options – Market Leadership
Provider Notice Date:	
Original Effective Date:	
Annual Approval Date:	
Last Revision Date:	
Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 3

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary biometric bone void filler.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

PROCEDURES

Biometric bone void filler is a product used in minimally invasive knee surgery. It is designed to treat subchondral defects by filling them with a hard-setting, biometric bone void filler. The procedure is performed either alone or in conjunction with other arthroscopic treatments (meniscus treatment, cartilage treatment). This filler product does not treat or repair damage to the cartilage, ligaments, meniscus, or synovial tissue. The primary action is a physical means (matrix) to provide a volume and scaffold for osteoconduction, where an additional medicinal substance is incorporated to assist and complement the action of the matrix by enhancing the growth of bone cells.

Biometric bone void filler when administered during arthroscopic knee surgery.

Post-Payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

Place of Service: Inpatient/Outpatient

The use of Biometric Bone Void Filler is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

CPT code	Descriptions
2999	Unlisted procedure, arthroscopy.

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

References

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POLICY UPDATE HISTORY

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