

02-20000-55

Original Effective Date: 10/15/16

Reviewed: 04/22/21

Revised: 05/15/21

## Subject: Hip Arthroscopy and Open, Non-Arthroplasty Hip Repair

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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### **DESCRIPTION:**

Arthroscopy introduces a fiberoptic camera into the hip joint (arthroscopy) and surrounding extra-articular areas (endoscopy) through a small incision for diagnostic purposes. Other tools may then be introduced to remove, repair, or reconstruct intra-articular and extra-articular pathology. Surgical indications are based on relevant clinical symptoms, physical exam, radiologic findings, and response to non-operative, conservative management when medically appropriate.

### **POSITION STATEMENT:**

#### **General criteria for elective hip surgery**

Elective open or arthroscopic surgery of the hip **meets the definition of medical necessity** when the following are met:

- There is clinical correlation of subjective complaints with objective exam findings and/or imaging (when applicable)
- Has limited function [age-appropriate activities of daily living (ADLs), occupational, athletic]
- Is medically stable with no uncontrolled comorbidities (e.g., diabetes)
- Does not have an active local or systemic infection
- Does not have active, untreated drug dependency (including but not limited to narcotics, opioids, muscle relaxants) unless engaged in treatment program

Clinical notes should address:

- Symptom onset, duration, and severity
- Loss of function and/or limitations
- Type and duration of non-operative management\* modalities (where applicable)

### **Non-operative management**

Non-operative management must include at least two of the following, unless otherwise specified:

- Physical therapy or properly instructed home exercise program
- Rest or activity modification
- Ice/Heat
- Protected weight bearing
- Pharmacologic treatment: oral/topical NSAIDS, acetaminophen, analgesics
- Brace/orthosis
- Weight optimization
- Corticosteroid injections

### **Diagnostic Hip Arthroscopy**

Diagnostic or operative arthroscopy of the hip **meets the definition of medical necessity** when performed in conjunction with periacetabular osteotomy (PAO).

Diagnostic hip arthroscopy also meets the **definition of medical necessity** when **ALL** of the following are met:

- At least 6 months of hip pain with documented loss of function
- Failure of at least 12 weeks of non-operative management
- Indeterminate radiographs **AND** MRI findings
- No radiographic findings of any of the following:
  - Significant arthritis (joint space less than 2mm or subchondral edema)
  - Femoroacetabular impingement [nonspherical femoral head or prominent head-neck junction (pistol-grip deformity), alpha angle > 50 degrees, overhang of the anterolateral rim of the acetabulum], posterior wall sign, prominent ischial spine sign, acetabular protrusion, or retroversion with a center edge (CE) angle >35° and/or cross-over sign)
  - Hip dysplasia (lateral center edge angle < 20 degrees, anterior center edge angle < 20 degrees, Tonnis angle >15 degrees or femoral head extrusion index >25%), unless combined with concomitant periacetabular osteotomy (PAO)
  - Fractures of the femoral head or acetabulum
  - Labral tear (on MRI or MR arthrogram)
  - PVNS (pigmented villonodular synovitis) or synovial chondromatosis
  - Intra-articular loose body
  - Adductor tear or hamstring tear

- Pubic edema or osteitis pubis
- Gluteus medius or minimus tear
- Ischiofemoral impingement (narrowed ischiofemoral and quadratus femoris spaces)

### **Femoroacetabular Impingement (FAI) Surgery**

**NOTE:** There is no evidence to support hip arthroscopy for FAI and/or labral tear in an asymptomatic person, and there is a very high prevalence of abnormal radiographs found in asymptomatic persons. Even though hip dysplasia, as well as symptomatic FAI and labral tears are believed to be precursors to hip arthritis, arthroscopy is not indicated solely for the treatment of osteoarthritis of the hip. Arthroscopy is rarely indicated for dysplasia, unless combined with concomitant periacetabular osteotomy (PAO). Those with borderline dysplasia that require arthroscopic procedures appear to do as well as those with no evidence of dysplasia.

### **Labral repair**

Arthroscopic labral repair **meets the definition of medical necessity** when **ALL** of the following are met:

- Hip or groin pain in positions of flexion and rotation that may be associated with mechanical symptoms of locking, popping, or catching
- Positive provocative test on physical exam with pain at the hip joint with flexion, adduction, and internal rotation (FADIR test)
- Acetabular labral tear on MRI, with or without intra-articular contrast
- Failure of at least 6 weeks of non-operative treatment
- No evidence of significant hip joint arthritis, defined as joint space narrowing 2 mm or less, or Tönnis Grade 3 on weight-bearing AP radiograph

Arthroscopy of the hip for labral repair **does not meet the definition of medical necessity** in the presence of significant hip joint arthritis (joint space narrowing 2mm or less, or a Tönnis grade 3); or dysplasia, unless combined with concomitant periacetabular osteotomy (PAO).

### **Cam, Pincer, and Combined Cam and Pincer Repair**

Arthroscopic CAM, pincer or combined CAM and pincer repair **meets the definition of medical necessity** when **ALL** of the following are met:

- Positional hip pain
- Failure of at least 6 weeks of non-operative treatment
- Positive impingement sign on physical exam (hip or groin pain with flexion, adduction and internal rotation (FADIR test))
- **ANY** of the following radiograph, CT and/or MRI findings of FAI:
  - Nonspherical femoral head or prominent head-neck junction (pistol-grip deformity) with alpha angle > 50 degrees indicating CAM impingement
  - Overhang of the anterolateral rim of the acetabulum, posterior wall sign, prominent ischial spine sign, acetabular protrusion, or retroversion with a center edge (CE) angle > 35°

and/or cross-over sign indicating pincer deformity [see radiographic measurement appendix]

- Combination of CAM and pincer criteria
- No evidence of significant hip joint arthritis, defined as joint space narrowing 2mm or less, or a Tönnis Grade 3 on weight-bearing AP radiograph
- Skeletally mature (partial or complete closure of the proximal femoral physis)
- BMI < 40\*
- Radiographic images show no evidence of **ANY** indicators for hip dysplasia, unless combined with concomitant periacetabular osteotomy (PAO)

\*Candidates with BMI > 40 may be reviewed on a case by case basis.

### **Arthroscopy for Synovectomy, Biopsy, or Removal of Loose or Foreign Body**

Arthroscopic synovectomy, biopsy, removal of loose or foreign body, or a combination of these procedures **meets the definition of medical necessity** when the following are met:

- X-ray, MRI, or CT evidence of acute, post-traumatic, intra-articular foreign body or displaced fracture fragment

**OR**

- When **ALL** of the following are met:
  - Hip pain associated with grinding, catching, locking, or popping
  - Physical examination demonstrates painful range of motion of the hip
  - Failure of at least 12 weeks of non-operative management
  - Radiographs, CT and/or MRI demonstrate synovial proliferation, calcifications, nodularity, inflammation, pannus, or a loose body

### **Extra-articular (Endoscopic) Hip Surgery**

Extra-articular (endoscopic) hip surgery **meets the definition of medical necessity** when performed to treat extra-articular hip pathology when criteria in **EITHER** subsection 1 or subsection 2 are met:

#### **Subsection 1:**

- Activity-related painful snapping sensation around the hip joint, caused by the iliotibial tract over the greater trochanter or bursa (external snapping hip), and/or the iliopsoas tendon over medial bony prominence or bursa (internal snapping hip) unresponsive to conservative non-operative care

**OR**

#### **Subsection 2:**

- Activity related pain and tenderness at the greater or lesser trochanter due to bursal inflammation, tendinosis and/or tendinitis, or tear of the tendon (gluteus medius or minimus) unresponsive to conservative non-operative care **AND**
- Failure of at least 6 months of non-operative management, including at least 2 of the following:

- Physical therapy or properly instructed home exercise program
- Rest or activity modification
- Pharmacologic treatment: oral/topical NSAIDS, acetaminophen, analgesics
- Corticosteroid injection, **AND**
- Physical exam findings align with symptoms and at least 1 of the following is documented:
  - Limp or painful ambulation
  - Tenderness and/or crepitus to palpation
  - Visible, audible, or palpable snapping at the greater trochanter or pelvic brim
  - Pain and/or weakness with active or resisted motion of the hip
  - Pain relief with diagnostic local anesthetic injection

### **Articular Cartilage Restoration/Repair (Chondroplasty, Microfracture)**

Microfracture or articular cartilage restorative procedures of the hip **meet the definition of medical necessity** when **ALL** of the following are met:

- Skeletally mature adult (partial or complete closure of the proximal femoral physis)
- MRI results confirm a partial or full thickness chondral or osteochondral lesion of the hip
- Symptomatic (pain, mechanical symptoms of popping, locking, catching, or limited range of motion) for at least 3 months
- Failure of at least 3 months of non-operative treatment
- No evidence of significant hip joint osteoarthritis, defined as joint space narrowing 2mm or less or a Tönnis\*\* Grade 3 on weight-bearing AP radiograph

### **\*\*Tönnis Classification of Osteoarthritis by Radiographic Changes**

0: No signs of osteoarthritis

1: Mild: Increased sclerosis, slight narrowing of the joint space, no or slight loss of head sphericity

2: Moderate: Small cysts, moderate narrowing of the joint space, moderate loss of head sphericity

3: Severe: Large cysts, severe narrowing or obliteration of the joint space, severe deformity of the head

### **BILLING/CODING INFORMATION:**

#### **CPT Coding:**

29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863	Arthroscopy, hip, surgical; with synovectomy
29914	Arthroscopy, hip, surgical; with femoroplasty (i.e., treatment of cam lesion)
29915	Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)

29916	Arthroscopy, hip, surgical; with labral repair
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### **REIMBURSEMENT INFORMATION:**

Refer to section entitled [POSITION STATEMENT](#).

### **PROGRAM EXCEPTIONS:**

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Advantage products:** No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline review date.

### **DEFINITIONS:**

No guideline specific definitions apply.

### **RELATED GUIDELINES:**

[Hip Arthroplasty, 02-20000-50](#)

### **OTHER:**

None applicable.

### **REFERENCES:**

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### **COMMITTEE APPROVAL:**

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 04/22/21.

### **GUIDELINE UPDATE INFORMATION:**

10/15/16	New Medical Coverage Guideline.
07/15/18	Scheduled review. Revised description. Added general criteria for elective hip surgery. Added criteria for diagnostic hip arthroscopy. Revised criteria for arthroscopic synovectomy, biopsy, removal of loose or foreign body; and extra-articular (endoscopic) hip surgery. Updated references.
07/15/19	Scheduled review. Revised criteria for diagnostic hip arthroplasty and extra-articular hip endoscopy. Added criteria for articular cartilage restoration/repair of the hip. Updated references.
07/15/20	Scheduled review. Revised description. Added criteria for FAI surgery. Revised CPT coding. Updated references.
09/15/20	Revision. Deleted age criteria for FAI surgery.
05/15/21	Scheduled review. Revised criteria for diagnostic hip arthroscopy, CAM/PINCER and combined CAM/PINCER repair, and articular cartilage restoration/repair. Updated references.