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

DESCRIPTION:
This guideline describes the indications for and surgical uses of arthroscopy in the hip as well as open, non-arthroplasty hip repair procedures. 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.

Arthroscopy introduces a fiber-optic camera into the hip joint through a small incision for diagnostic visualization purposes. This camera may also be used in the surrounding extra-articular areas, in a procedure called endoscopy. Other instruments may then be introduced to remove, repair, or reconstruct joint pathology.

Open, non-arthroplasty hip repair surgeries are performed as dictated by the type and severity of injury and/or disease. 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 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/orthesis
- Weight optimization
- Corticosteroid injections

**Diagnostic Hip Arthroscopy**

Diagnostic hip arthroscopy 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%)
  - 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)

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:

• Radiographic 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, limited 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)

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 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 (Chondrolasty, Microfracture, Autogenous Chondrocyte Implantation (ACI) Procedures)**

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
• MRI results confirm a 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 6 months
• Failure of at least 6 months of non-operative treatment*
• BMI < 35
• Radiographs or MRI shows no evidence of osteoarthritis greater than Kellgren-Lawrence* Grade 2 [see grading appendix] and joint space is over 2mm

**Kellgren-Lawrence Grading System**

0: No radiographic features of osteoarthritis
1: Possible joint space narrowing and osteophyte formation
2: Definite osteophyte formation with possible joint space narrowing
3: Moderate multiple osteophytes, definite narrowing of joint space, some sclerosis and possible deformity of bone contour (some sclerosis and cyst formation and deformity of femoral head and acetabulum)
4: Large osteophytes, marked narrowing of joint space, severe sclerosis and definite deformity of bone contour (increased deformity of the femoral head and acetabulum)

**Tonnis 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:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>29860</td>
<td>Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)</td>
</tr>
<tr>
<td>29861</td>
<td>Arthroscopy, hip, surgical; with removal of loose body or foreign body</td>
</tr>
<tr>
<td>29862</td>
<td>Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum</td>
</tr>
<tr>
<td>29863</td>
<td>Arthroscopy, hip, surgical; with synovectomy</td>
</tr>
</tbody>
</table>

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:
Femoroacetabular Impingement (FAI) Syndrome Surgery (Open or Arthroscopic), 02-20000-35
Hip Arthroplasty, 02-20000-50

OTHER:
None applicable.

REFERENCES:


COMMITTEE APPROVAL:
This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 06/27/19.

GUIDELINE UPDATE INFORMATION:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/15/16</td>
<td>New Medical Coverage Guideline.</td>
</tr>
<tr>
<td>07/15/19</td>
<td>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.</td>
</tr>
</tbody>
</table>