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

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DESCRIPTION:

Hip arthroscopy is a surgical procedure that introduces a camera into the hip joint without making a large incision through the skin and other soft tissues. The camera displays pictures on a video monitor and allows the surgeon to guide miniature surgical instruments to perform surgery.

Femoroacetabular impingement results from localized compression within the joint as a result of an anatomic mismatch between the head of the femur and the acetabulum. Symptoms of impingement typically occur in young to middle-aged adults before the onset of osteoarthritis but may be present in younger patients with developmental hip disorders. The objective of surgical treatment of femoroacetabular impingement is to provide symptom relief and reduce further joint damage.

Summary and Analysis of Evidence: An UpToDate review "Femoroacetabular impingement syndrome" (Dijkstra et al, 2025) states, "Overall, evidence suggests that arthroscopic surgery is superior to physiotherapy at improving short-term patient-reported outcomes in patients referred for FAIS. Three randomized, controlled trials have compared arthroscopic hip surgery with physiotherapy. The two largest found that arthroscopic treatment was superior to physiotherapy for improving patient-reported outcomes with a clinically important difference between groups at 8- to 12- month but not at 24-month follow-up. A further study did not demonstrate a difference between treatment groups, but there was a 70 percent crossover from physiotherapy to surgery. Martin et al (2024) examined hip arthroscopy versus nonoperative management for symptomatic labral tears in patients aged ≥40 years with limited radiographic osteoarthritis. This single-surgeon, parallel randomized controlled trial included patients aged ≥40 years with limited osteoarthritis (Tönnis grades 0-2) who were randomized 1:1 to arthroscopic surgery with postoperative physical therapy (SPT) or physical therapy alone (PTA). Patients who received PTA and achieved unsatisfactory improvement were permitted to cross over to SPT after completing ≥14

weeks of physical therapy (CO). In patients ≥40 years of age with limited osteoarthritis, hip arthroscopy with postoperative physical therapy led to better outcomes than PTA at a 24-month follow-up. However, additional preoperative physical therapy did not compromise surgical outcomes and allowed some patients to avoid surgery. The authors concluded "(w)hen surgery is indicated, age ≥40 years should not be considered an independent contraindication to arthroscopic acetabular labral repair." Jamil et al (2018) concluded that "with hip arthroplasty being the focus of orthopedic surgeons for decades, hip arthroscopy has generated a renewed interest for non arthroplasty and minimally invasive options for patients with hip pathology especially at a younger age. The procedure is minimally invasive and is proving effective for a variety of intra-articular and extra-articular hip problems. The long term outcome of these applications is still awaited. Contrary to knee and other arthroscopy procedures, hip arthroscopy is technically more challenging because of the shape of the joint and the potential dangers of traction. The learning curve is steep and the indications are evolving. Nevertheless, it is proving a valuable tool and may well be indispensible for the next generation of hip surgeons."

POSITION STATEMENT:

Diagnostic Hip Arthroscopy

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

- Hip pain with loss of function present for at least 6 months, **AND**
- Radiographic and MRI findings are inconclusive, **AND**
- There is failure of at least 3 months of non-operative conservative management, including at least 2 of the following:
    - Modification of activity, medications (unless contraindicated), use of assistive device(s), physical therapy, home exercise program, intra-articular steroid injection), **AND**
- No radiographic evidence of any of the following:
    - Femoroacetabular (FAI) impingement
    - Tonnis grade 3 osteoarthritis
    - Joint space less than 2mm
    - Hip dysplasia
    - Femoral head or acetabular fracture

Operative Hip Arthroscopy and Open Hip Repair

Operative hip arthroscopy or open hip repair **meets the definition of medical necessity** when the following are met:

- There is imaging confirmation of bony or soft tissue pathology, **AND**
- The pain has been present for at least 6 months, **AND**

- There is failure of at least 12 weeks of non-operative conservative management, including at least 2 of the following:
    - Modification of activity, medications (unless contraindicated), use of assistive device(s), physical therapy, home exercise program, intra-articular steroid injection), **AND**
- Hip arthroscopy is performed for one of the following:
    - Repair of a traumatic labral tear causing mechanical symptoms (eg, clicking or locking of the hip joint, stiffness or limited range of motion), **OR**
    - Repair of a gluteus medius tear, **OR**
    - Removal of foreign body (bodies), **OR**
    - Removal of loose body (bodies) when no significant osteoarthritis is present (Tonnis 0 or 1), **OR**
    - Treatment of inflammatory arthritis or synovial disease by synovectomy, when no significant osteoarthritis is present (Tonnis 0 or 1), **OR**
    - Repair of a partial or full thickness chondral or osteochondral lesion of the hip, **OR**
    - Repair or release of the tendons of the hip, **OR**
    - As an adjunct to FAI surgery

Hip arthroscopy or open hip repair also **meets the definition of medical necessity** for the following (imaging and failure of non-operative conservative treatment is not required):

- Biopsy, **OR**
- Active infection, **OR**
- Acute trauma with functional loss (eg, inability to bear weight, dislocation, effusion, fracture)

Femoroacetabular Impingement (FAI) Surgery

Open or arthroscopic treatment of femoroacetabular impingement **meets the definition of medical necessity** when all of the following conditions have been met:

- Skeletally mature with documented closure of growth plates (eg, ≥15 years of age), **AND**
- Moderate to severe hip pain worsened by flexion activities (eg, squatting or prolonged sitting) that significantly limits activities, **AND**
- Unresponsive to conservative therapy for at least 3 months (including activity modifications, restriction of athletic pursuits, and avoidance of symptomatic motion), **AND**
- Positive impingement sign on clinical examination (pain elicited with 90° of flexion and internal rotation and adduction of the femur), **AND**
- Symptoms suggestive of cam or pincer femoroacetabular impingement (any of the following):
    - Pistol-grip deformity
    - Femoral head-neck offset with an alpha angle >50°

    - Positive wall sign
    - Acetabular retroversion [overcoverage with crossover sign])
    - Coxa profunda or protrusion
    - Damage of the acetabular rim, **AND**
- No evidence of advanced osteoarthritis (advanced is defined as Tönnis grade 2 or 3), or joint space of less than 2 mm, **AND**
- No evidence of severe chondral damage (exposed subchondral bone)

Microfracture, Abrasion and Drilling

Microfracture, abrasion or drilling techniques of the hip **meet the definition of medical necessity** when **ALL** of the following are met:

- There is MRI evidence of a chondral or osteochondral lesion, **AND**
- No radiographic evidence of advanced osteoarthritis (Tönnis** Grade 3), **AND**
- No radiographic evidence of joint space narrowing of 2mm or less, **AND**
- There is failure of at least 12 weeks of non-operative conservative management, including at least 2 of the following:
    - Modification of activity, medications (unless contraindicated), use of assistive device(s), physical therapy, home exercise program, intra-articular steroid injection)

****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:

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

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.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

Hip Arthroplasty, 02-20000-50

OTHER:

None applicable.

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 01/22/26.

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.
12/09/23	Scheduled review. Revised position statement and updated references.
02/15/24	Scheduled review. Revised description, maintained position statements and updated references.
02/15/25	Scheduled review. Revised description, maintained position statement and updated references.
02/15/26	Scheduled review. Maintained position statement and updated references.