

02-20000-55

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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:

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/orthosis
- 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:

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

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:

1. Bhatia S, Chahla J, Dean CS, Ellman MB. Hip Labral Reconstruction: The "Kite Technique" for Improved Efficiency and Graft Control. *Arthrosc Tech.* 2016 Apr 4;5(2):e337-42.
2. Cvetanovich GL, Heyworth BE, Murray K, Yen YM, Kocher MS, Millis MB. Hip arthroscopy in patients with recurrent pain following Bernese periacetabular osteotomy for acetabular dysplasia: operative findings and clinical outcomes. *J H Preserv Surg.* 2015 Jun 13;2(3):295-302.
3. Egerton T, Hinman RS, Takla A, Bennell KL, O'Donnell J. Intraoperative Cartilage Degeneration Predicts Outcome 12 Months After Hip Arthroscopy. *Clinical Orthopaedics and Related Research.* 2013 Feb;471(2):593.

4. Ferro FP, Philippon MJ. Arthroscopy provides symptom relief and good functional outcomes in patients with hip synovial chondromatosis. J Hip Preserv Surg. 2015 Jul 13;2(3):265-71.
5. Filbay SR, Kemp JL, Ackerman IN, Crossley KM. Quality of life impairments after hip arthroscopy in people with hip chondropathy. J Hip Preserv Surg. 2016 Feb 26;3(2):154-64.
6. Hwang JT, Lee WY, Kang C, Hwang DS, Kim DY, Zheng L. Usefulness of Arthroscopic Treatment of Painful Hip after Acetabular Fracture or Hip Dislocation. Clin Orthop Surg. 2015 Dec;7(4):443-8.
7. InterQual® 2014. CP: Procedures. Arthroscopy, Diagnostic, +/- Synovial Biopsy, Hip.
8. InterQual® 2014. CP: Procedures. Arthroscopy, Surgical, Hip.
9. Jo S, Lee SH, Wang SI, Smith B, O'Donnell J. The role of arthroscopy in the dysplastic hip-a systematic review of the intra-articular findings, and the outcomes utilizing hip arthroscopic surgery. J Hip Preserv Surg. 2016 Jan 9;3(3):171-80.
10. National Imaging Associates, Inc. Hip Arthroscopy and Other Open, Non-Arthroplasty Hip Repair Clinical Guideline, 2017.
11. National Imaging Associates, Inc. Hip Arthroscopy and Other Open, Non-Arthroplasty Hip Repair Clinical Guideline, 2018.
12. National Imaging Associates, Inc. Hip Arthroscopy and Other Open, Non-Arthroplasty Hip Repair Clinical Guideline, 2019.
13. Newman JT, Saroki AJ, Philippon MJ. Hip arthroscopy for the management of trauma: a literature review. J Hip Preserv Surg. 2015 Jun 24;2(3):242-8.
14. Salas AP. Radiographic and anatomic landmarks to approach the anterior capsule in hip arthroscopy. J Hip Preserv Surg. 2015 Sep 1;2(4):431-7.
15. Sansone M, Ahldén M, Jonasson P, Thomeé C, Swärd L, Collin D, Baranto A, Karlsson J, Thomeé R. Outcome of hip arthroscopy in patients with mild to moderate osteoarthritis-A prospective study. J Hip Preserv Surg. 2015 Dec 26;3(1):61-7.

COMMITTEE APPROVAL:

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

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.