CLINICAL GUIDELINES

CMM-314 ~Hip Surgery – Arthroscopic and Open Procedures

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies:This tool addresses common symptoms and symptom complexes. Imaging requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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CMM-314.1: Definitions

Femoroacetabular Impingement (FAI) is a condition that has been recently recognized, is an anatomical mismatch between the head of the femur and the acetabulum resulting in compression of the labrum or articular cartilage during flexion. The mismatch can arise from subtle morphologic alterations in the anatomy or orientation of the ball-and-socket components (for example, a bony prominence at the head-neck junction or acetabular over coverage) with articular cartilage damage initially occurring from abutment of the femoral neck against the acetabular rim, typically at the anterosuperior aspect of the acetabulum. Although hip joints can possess the morphologic features of FAI without symptoms, FAI may become pathologic with repetitive movement and/or increased force on the hip joint. High- demand activities may also result in pathologic impingement in hips with normal morphology.

Two types of impingement, known as CAM impingement and pincer impingement may occur alone or more frequently together.

CAM impingement is associated with an asymmetric or non-spherical contour of the head or neck of the femur jamming against the acetabulum, resulting in cartilage damage and delamination (detachment from the subchondral bone). Deformity of the head/neck junction that looks like a pistol grip on radiographs is associated with damage to the anterosuperior area of the acetabulum. Symptomatic CAM impingement is found most frequently in young male athletes.

Pincer impingement is associated with over-coverage of the acetabulum and pinching of the labrum, with pain more typically beginning in women of middle age. In cases of isolated pincer impingement, the damage may be limited to a narrow strip of the acetabular cartilage. It has been proposed that impingement with damage to the labrum and/or acetabulum is a causative factor in the development of hip osteoarthritis, and that as many as half of cases currently categorized as primary osteoarthritis may have an etiology of FAI.

CMM-314.2: General Guidelines

Hip arthroscopic or open procedures may be considered medically necessary for individuals whom surgery is being performed for fracture, tumor, infection, foreign body or femoroacetabular impingement syndrome (FAI) that has led to or will likely lead to progressive destruction.

CMM-314.3: Indications and Non-Indications

Non-arthroscopic hip surgery, **is considered medically necessary** for ANY of the following clinical situations:

- Individual has experienced an acute fracture of the hip (femoral or acetabular)
- Individual has a mal-union of a previous fracture
- Individual has experienced an acute or post traumatic injury in which there is a correlation between examination and diagnostic imaging findings confirming a condition which is reasonably suspected of producing the individual's severe pain and limitation in function
- Individual with persistent hip pain or dysfunction of a non-traumatic etiology for at least three (3) months in duration (e.g., avascular necrosis, loose bodies, dysplasia)
- Tumor or infection
- Femoroacetabular Impingement (FAI) Syndrome, including labral tear or synovial biopsy when an individual has ALL of the following criteria:
  - Positive impingement sign (i.e., sudden pain on 90 degree hip flexion with adduction and internal rotation or extension and external rotation)
  - Moderate to severe hip pain that is worsened by flexion activities (e.g. squatting or prolonged sitting) that significantly limits activities
  - Unresponsive to at least 3 months of physician-directed non-surgical care
  - Radiographic confirmation of FAI (e.g., pistol-grip deformity, alpha angle greater than 50 degrees, coxa profunda, and/or acetabular retroversion)
  - Documented closure of the proximal femoral physis
  - Documented absence of **ALL** of the following:
    - Tönnis grade 2 osteoarthritis (i.e., small cysts in femoral head or acetabulum, increasing narrowing of joint space, moderate loss of sphericity of femoral head)
    - Tönnis grade 3 osteoarthritis (i.e., large cysts, severe narrowing or obliteration of joint space, severe deformity of femoral head, avascular necrosis
    - Joint space is less than 2 mm wide anywhere along the sourcil

Arthroscopic hip surgery is considered medical necessary for ANY of the following clinical situations:

- Femoroacetabular Impingement (FAI) Syndrome when an individual has ALL of the following criteria:
  - Positive impingement sign (i.e., sudden pain on 90 degree hip flexion with adduction and internal rotation or extension and external rotation)
  - Moderate to severe hip pain that is worsened by flexion activities (e.g. squatting or prolonged sitting) that significantly limits activities
  - Unresponsive to at least 3 months of physician-directed non-surgical care
  - Radiographic confirmation of FAI (e.g., pistol-grip deformity, alpha angle greater than 50 degrees, coxa profunda, and/or acetabular retroversion)
  - Documented closure of the proximal femoral physis
  - Documented absence of **ALL** of the following:
    - Tönnis grade 2 osteoarthritis (i.e., small cysts in femoral head or acetabulum, increasing narrowing of joint space, moderate loss of sphericity of femoral head)
    - Tönnis grade 3 osteoarthritis (i.e., large cysts, severe narrowing or obliteration of joint space, severe deformity of femoral head, avascular necrosis
    - Joint space is less than 2 mm wide anywhere along the sourcil

✓ In conjunction with a periacetabular osteotomy

✓ Labral pathology when an individual has ALL of the following criteria:
- Mechanical symptoms of the hip catching, locking or giving way
- An advanced diagnostic imaging study confirming labral pathology amenable to surgical management

✓ Synovial biopsy

- ✓ Irrigation and debridement of an intra-articular joint space infection
- ✓ Removal of an ossific or osteochondral loose body confirmed radiographically
- ✓ Arthroscopic hip surgery is considered experimental and investigational for all other indications.

Based on the lack of scientific evidence of efficacy, the performance of capsular plication and anterior inferior iliac spine/sub-spinous decompression is considered experimental, investigational or unproven.

CMM-314.4 Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required.

CPT®	Code Description/Definition
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
26991	Incision and drainage, pelvis or hip joint area; infected bursa
26992	Incision, bone cortex, pelvis and/or hip joint (e.g. osteomyelitis or bone abscess)
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)
27001	Tenotomy, adductor of hip, open
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27005	Tenotomy, hip flexor(s), open (separate procedure)
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
27025	Fasciotomy, hip or thigh, any type
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral
27030	Arthrotomy, hip, with drainage (e.g. infection)
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotropic bone, with release of hip flexor muscles (i.e. gluteous medius, gluteus minimus, tensor fascia latae, rectus femoris, Sartorius, iliopsoas.
27040	Biopsy, soft tissue of pelvis and hip area; superficial
27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (e.g. intramuscular); 5 cm or greater
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (e.g. intramuscular); less than 5 cm
27049	Radical resection of tumor (e.g. sarcoma), soft tissue of pelvis and hip area; less than 5 cm

27050	Arthrotomy, with biopsy; sacroiliac joint
27052	Arthrotomy, with biopsy; hip joint
27054	Arthrotomy, with synovectomy, hip joint
27057	Decompression fasciotomy(ies), pelvic(buttock) compartment(s) (e.g. gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral
27059	Radical resection of tumor (e.g. sarcoma), soft tissue of pelvis and hip area; 5 cm or greater
27060	Excision; ischial bursa
27062	Excision; trochanteric bursa or calcification
27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed
27066	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed
27067	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (e.g. osteomyelitis or bone abscess); superficial
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (e.g. osteomyelitis or bone abscess); deep (subfascial or intramuscular)
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum.
27077	Radical resection of tumor; innominate bone, total
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur
27080	Coccygectomy, primary
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue
27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
27097	Release or recession, hamstring, proximal
27098	Transfer, adductor to ischium
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
27110	Transfer iliopsoas; to greater trochanter of femur
27111	Transfer iliopsoas;to femoral neck
27120	Acetabuloplasty; (e.g.Whitman, Colonna, Haygroves, or cup type)
27122	Acetabuloplasty; resection, femoral head (e.g. Girdlestone procedure)
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)

27146	Osteotomy, iliac, acetabular or innominate bone;
27147	Osteotomy, iliac, acetabular or innominate bone;with open reduction of hip
27151	Osteotomy, iliac, acetabular or innominate bone;with femoral osteotomy
27156	Osteotomy, iliac, acetabular or innominate bone;with femoral osteotomy and with open reduction of hip
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)
27161	Osteotomy, femoral neck (separate procedure)
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
27170	Bone graft, femoral head, neck, interotrochanteric or subtrochanteric area (includes obtaining bone graft)
27175	Treatment of slipped femoral epiphysis; by traction, without reduction
27176	Treatment of slipped femoral epiphysis;by single or multiple pinning, in situ
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
27178	Open treatment of slipped femoral epiphysis;closed manipulation with single or multiple pinning
27179	Open treatment of slipped femoral epiphysis;osteoplasty of femoral neck (Heyman type procedure)
27181	Open treatment of slipped femoral epiphysis;osteotomy and internal fixation
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur
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

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules.

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