

Hip Arthroscopy for Femoroacetabular Impingement (FAI)

MPM 8.7

Disclaimer	Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.
Description	Femoroacetabular impingement (FAI) occurs as a result of structural abnormalities and repetitive contact between the femoral neck and the tissue around the rim of the socket joint. The resulting stress can damage tissues, leading to degeneration of the socket rim and tearing of the cartilage that makes up the socket. Surgical treatment aims to eliminate the abnormal contact and restore normal joint clearance. ¹
Coverage Determination	<p>This technology has been reviewed and approved by the Technology Assessment Committee and the Medical Policy Committee.</p> <p>Benefit Certification is not required. However, all claims are subject to retrospective review, and are only covered for the indications listed. See page 2 for coding instructions.</p> <p>Hip arthroscopy for femoroacetabular impingement (FAI) is covered for members with moderate to severe hip pain who meet ALL of the following criteria:</p> <ul style="list-style-type: none">• Age between 15 and 65; and• Failed conservative treatment (including, but not limited to, rest, activity modification or restriction and anti-inflammatory medications). Please note: physical therapy is not an effective treatment for FAI; the emphasis on improving range of motion or stretching is generally not recommended, as these activities are likely to exacerbate symptoms; and• Documentation of symptoms associated with FAI, such as hip pain worsened with flexion activities (such as prolonged sitting or squatting), restriction of movement, pain on ambulation or “clicking” of the hip joint; and• No evidence of advanced osteoarthritis or severe cartilage damage.
Background	<p>Open surgical procedures to correct FAI have been developed, but these procedures are highly invasive. Inpatient hospitalization and 6-9 weeks of reduced weight bearing after surgery are required.</p> <p>Hip arthroscopy for FAI can be performed on an outpatient or short-term inpatient basis, and patients typically spend 2-4 weeks on 2 crutches. An orthopedic surgeon must have special training in arthroscopic techniques.</p>

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage.

[MPMPPC021002]

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Coding

The coding listed in this Medical Policy is for reference only. Covered and non-covered codes are included in this list.

Please note: For hip arthroscopy for FAI, 29862 should be billed with 29999.

CPT Codes	Description
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
29999	Unlisted procedure, arthroscopy

ICD-9-CM Codes	Description
719.45	Pain in joint, pelvic region and thigh
719.85	Other specified disorders of joint, pelvic region and thigh

Reviewed by: Jeremy Becker, MD. PMG Orthopedics, Albuquerque, NM. February 2010

- References:**
1. Hayes Brief. Copyright 2008 © Winifred S. Hayes, Inc. Arthroscopic Hip Surgery for Femoroacetabular Impingement (FAI). July 18, 2008. Update Search July 21, 2009.
 2. Milliman Care Guidelines®, Inpatient and Surgical Care. 13th Edition. Copyright 2009 © Milliman Care Guidelines LLC. Hip Arthroscopy. ORG: S-572 (ISC), HSIM: 01-09-20-0a. Last update: 02-05-09.

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Approval Signatures: **Clinical Quality Committee:** _____ Charles Baumgart, MD**Medical Director:** _____ Norman White, MD**Date:** February 24, 2010**Publication History:** 02-24-10: Original effective date

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at:
<http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm>