Clinical Policy: Surgical Treatment of Femoroacetabular Impingement Syndrome

Common Name: Femoroacetabular Arthroscopy

Definition: Femoroacetabular impingement is a condition where the hip bones rub against each other because they are abnormally shaped and cause damage to the joint.

I. Criteria for Inclusion:
   A. Surgical intervention for the treatment of femoroacetabular impingement syndrome (FAIS) is considered medically appropriate when all of the following criteria have been met:
      1. Patient is between 15-55 years of age and skeletally mature with documented closure of the growth plates
      2. Patient has severe symptoms of FAIS, including hip pain that is worsened by flexion activities, that interferes with their ability to perform activities of daily living
      3. Imaging evidence of FAIS on AP or lateral x-ray, or CT scan, showing one of the following:
         i. Cam impingement confirmed by:
            1. Alpha angle > 55 degrees
         ii. Pincer impingement confirmed by:
            i. Center edge angle > 39 degrees
            ii. Positive cross-over sign
            iii. Acetabular retroversion or overcoverage
            iv. Coxa profunda
         3. Non-spherical femoral head shape
      4. Patient has minimal degeneration of the hip joint (Tönnis grade 1 or less), absence of joint space narrowing, and minimal cartilage injury (Outerbridge grade II or less).
      5. Symptoms have failed to respond to conservative therapy for at least 6 months, including all of the following:
         1. Activity modification, including restriction of aggressive activities and avoidance of symptomatic movements
         2. Pharmacological intervention with NSAIDs or acetaminophen
         3. Physical therapy with rehabilitation of core hip musculature
         4. Intra-articular injection(s)
      6. All other reasonable causes of pain have been ruled out.

II. Criteria for Exclusion:
   A. Surgical intervention for the treatment of FAIS is not considered medically necessary when the criteria above has not been met, including but not limited to the following:
      1. Advanced osteoarthritis (Tönnis grade II or more OR joint space of less than 2mm)
      2. Advanced chondral damage (Outerbridge grade III or more)
3. Patients with osteogenesis imperfecta or diseases associated with hypermobility of the joints (Marfan syndrome, Ehlers-Danlos syndrome).

B. The use of capsular plication for the treatment of FAIS is considered investigational due to insufficient evidence showing improvement in patient outcomes.

C. For persons with significant co-morbidities or complications, the medical record must contain documentation of the risk/benefit of FAIS surgery.

III. Surgical Considerations

A. Pre-Operative Considerations:
   1. Preoperative care planning needs may include
      i. Routine preoperative evaluation
      ii. Preoperative treatment, procedures, and stabilization, including
         a. Hip x-rays and/or CT
         b. Ruling out sources of infection, including dental and lower urinary tract infections
         c. Dental prophylaxis as indicated
      iii. Preoperative discharge planning as appropriate
   B. Intra-Operative Considerations:
      1. Antibacterial wipes
      2. Antibacterial nasal swab
   C. Post-Operative & Inpatient Considerations:
      1. Hospital evaluation and care needs may include:
         i. Diagnostic test scheduling and completion, including:
            a. Complete blood count, PT and INR monitoring
            b. Lower extremity Doppler study
         ii. Treatment and procedure scheduling and completion, including:
            a. IV antibiotics
            b. DVT prophylaxis
            c. Wound management
            d. Pain management
         iii. Consultation, assessment, and other services scheduling and completion, including:
            a. Physical therapy
            b. Occupational therapy
            c. Gait training
         iv. Monitoring patient's status for deterioration and comorbid conditions, including:
            a. Neurovascular status
            b. Transfusion need
            c. Assessment of wound healing
            d. Cardiac and respiratory status
   D. Discharge Planning & Considerations
      1. Discharge planning includes:
         i. Assessment of needs and planning for care, including:
            a. Develop treatment plan (involving multiple providers as needed).
            b. Evaluate and address preadmission functioning as needed.
            c. Evaluate and address patient or caregiver preferences as indicated.
            d. Identify skilled services needed at next level of care, with specific attention to:
               ➢ Medication management, adherence instruction, and side effects assessment
               ➢ Pain management
               ➢ Rehabilitation therapy or equipment coordination
               ➢ Wound or dressing management
         v. Evaluate and address psychosocial status issues as indicated
      2. Early identification of anticipated discharge destination; options include:
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i. Home, considerations include:
   ➢ Access to follow-up care
   ➢ Home safety assessment
   ➢ Self-care ability, if appropriate
   ➢ Caregiver need, ability, and availability
ii. Post-acute skilled care or custodial care, as indicated
3. Transition of care plan complete, which may include:
i. Patient and caregiver education complete
ii. Medication reconciliation completion includes:
   ➢ Compare patient's discharge list of medications (prescribed and over-the-counter) against physician's admission or transfer orders.
   ➢ Assess each medication for correlation to disease state or medical condition.
   ➢ Report medication discrepancies to prescribing physician, attending physician, and primary care provider, and ensure accurate medication order is identified.
   ➢ Provide reconciled medication list to all treating providers.
   ➢ Confirm that patient, family, or caregiver can acquire medication.
   ➢ Educate patient, family, and caregiver.
      • Provide complete medication list to patient, family, or caregiver.
      • Confirm that patient, family, or caregiver understands importance of presenting personal medication list to all providers at each care transition, including all physician appointments.
      • Confirm that patient, family, or caregiver understands reason, dosage, and timing of medication (eg, use "teach-back" techniques).
iii. Plan communicated to patient, caregiver, and all members of care team, including:
   ➢ Inpatient care and service providers
   ➢ Primary care provider
   ➢ All post-discharge care and service providers
iv. Post-discharge appointment plans made as needed, which may include:
   ➢ Primary care provider
   ➢ Anticoagulation monitoring
   ➢ Orthopedic surgeon
   ➢ Rehabilitation therapy services
v. Post-discharge testing and procedure plans made, which may include:
   ➢ Laboratory testing
vi. Referrals made for assistance or support, which may include:
   ➢ Financial, for follow-up care, medication, and transportation
   ➢ Smoking cessation counseling or treatment
vii. Medical equipment and supplies coordinated (ie, delivered or delivery confirmed) which may include:
   ➢ Ambulation devices (eg, cane, crutches, walker)
   ➢ Antiembolic or compression stockings
   ➢ Bath and toilet aids
   ➢ Syringes and needles for subcutaneous injections
   ➢ Wound care supplies

IV. Length of Stay Considerations
   A. Goal length of stay: Ambulatory
   B. Facility type criteria: Ambulatory
V. Coding
   A. CPT
      | Code | Description |
      |------|-------------|
      | 27299| Unlisted procedure, pelvis or hip joint [when specified as open procedure for femoroacetabular impingement syndrome, other than capsular plication] |
      | 29862| Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum |
      | 29914| Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion) |
      | 29915| Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion) |
      | 29916| Arthroscopy, hip, surgical; with labral repair [when repair of the labral tear is associated with FAIS] |
      | 29999| Unlisted procedure, arthroscopy |

   B. HCPCS
      No specified HCPCS codes

   C. ICD-10 Procedure
      No specified ICD-10 procedure codes

   D. ICD-10 Diagnosis
References

Regulatory Data

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Important Reminder
This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by PA Health & Wellness, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage
decrees and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

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This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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**Note: For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at [http://www.cms.gov](http://www.cms.gov) for additional information.

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