

Surgery of the Hip (for Kentucky Only)

Policy Number: CS056KY.09
Effective Date: November 1, 2024

[Instructions for Use](#)

Table of Contents	Page
Application	1
Coverage Rationale	1
Definitions	1
Applicable Codes	2
U.S. Food and Drug Administration	3
References	3
Policy History/Revision Information	4
Instructions for Use	4

Related Policies
None

Application

This Medical Policy only applies to the state of Kentucky.

Coverage Rationale

Surgery of the hip and surgical treatment for Femoroacetabular Impingement (FAI) Syndrome is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual®

CP: Procedures:

- Arthroscopy, Diagnostic, +/- Synovial Biopsy, Hip
- Arthroscopy, Surgical, Hip
- Arthroscopy, Surgical, Hip (Pediatric)
- Arthrotomy, Hip
- Hemiarthroplasty, Hip
- Removal and Replacement, Total Joint Replacement (TJR), Hip
- Total Joint Replacement (TJR), Hip

[Click here to view the InterQual® criteria.](#)

Definitions

Disabling Pain: Western Ontario and McMaster Universities Arthritis Index (WOMAC) pain domain > 40 (Quintana, 2009).

Femoroacetabular Impingement (FAI) Syndrome: FAI occurs because of either 1) hip formation at birth, or 2) bone overgrowth (bone spurs) around the femoral head and/or along the acetabulum causing abnormal contact between the hip bones preventing them from moving smoothly during activity. Over time, this may result in tears in the labrum and the breakdown of articular cartilage (osteoarthritis) causing pain and stiffness, limited internal hip rotation, limping, and joint damage (Witstein et al., 2024; Agricola et al., 2024). There are three types of FAI:

- **Pincer:** This type of impingement occurs when extra bone extends out over the normal rim of the acetabulum. The labrum can be crushed under the prominent rim of the acetabulum (i.e., radiographic evidence of FAI by imaging includes: over coverage of the femoral head by the acetabulum with resultant pistol-grip deformity or the lateral center edge angle of greater than 40 degrees, or coxa profunda, or acetabular retroversion) (Witstein et al., 2024; Pun et al., 2015).

- **Cam:** In Cam-type impingement, the femoral head is not round and cannot rotate smoothly inside the acetabulum. A bone spur forms on the edge of the femoral head that grinds the cartilage inside the acetabulum (i.e., radiographic evidence of FAI by imaging includes: the loss of sphericity of the femoral head with resultant bony prominence or alpha angle greater than 50 degrees) (Witstein et al., 2024; Pun et al., 2015).
- **Combined (Mixed):** Combined impingement means that both the Pincer and Cam types are present (Witstein et al., 2024).

Functional Disability: Western Ontario and McMaster Universities Arthritis Index (WOMAC) functional limitation domain > 40 (Quintana, 2009).

Hip Dysfunction and Osteoarthritis Outcome Score (HOOS): The Hip Dysfunction and Osteoarthritis Outcome Score (HOOS) is a self-administered hip-specific questionnaire intended to evaluate symptoms and functional limitations, and it is commonly used to evaluate interventions in individuals with hip dysfunction or hip osteoarthritis. The HOOS consists of 43 questions in five subscales: pain, symptoms, function in daily living, function in sport and recreation and hip-related quality of life (Nilsdotter, 2011).

International Hip Outcome Tool (iHOT-33): A reference instrument among the Patient-Reported Outcome Measures (PROMs) to assess people with hip disorders, including Femoroacetabular Impingement (FAI) Syndrome. The iHOT-33 consists of four subscales: 1) symptoms and functional limitations (iHOT-Symptoms; 16 items), 2) sports and recreational physical activity (iHOT-Sport; 6 items), 3) job-related concerns (iHOT-Job; 4 items), and 3) social, emotional, and lifestyle concerns (iHOT-Social; 7 items). Each item can be answered from 0 to 100 points, and the final score is the sum of points divided by 33 (Bissani Gasparin, et al., 2022).

Outerbridge Grades:

- Grade 0: Normal
- Grade I: Cartilage with softening and swelling
- Grade II: Partial-thickness defect with fissures on the surface that do not reach subchondral bone or exceed 1.5 cm in diameter
- Grade III: Fissuring to the level of subchondral bone in an area with a diameter more than 1.5 cm
- Grade IV: Exposed subchondral bone head (Slattery, 2018)

Significant Radiographic Findings: Kellgren-Lawrence classification of osteoarthritis grade 3 or 4 – with 3 defined as: definite narrowing of joint space, moderate osteophyte formation, some sclerosis, and possible deformity of bony ends; or 4, defined as: large osteophytes, marked joint space narrowing, severe sclerosis, definite bone ends deformity (Kohn et al., 2016; Keurentjes et al., 2013; Tilbury et al., 2016).

Tönnis Classification of Osteoarthritis by Radiographic Changes:

- Grade 0: No signs of osteoarthritis (OA)
- Grade 1: Increased sclerosis of femoral head or acetabulum, slight joint space narrowing or slight slipping of joint margin, no or slight loss of head sphericity
- Grade 2: Small cysts in femoral head or acetabulum, moderate joint space narrowing, moderate loss of head sphericity
- Grade 3: Large cysts, severe joint space narrowing or obliteration of joint space, severe deformity of the head, avascular necrosis (Kovalenko, 2018)

Western Ontario and McMaster Universities Arthritis Index (WOMAC): The WOMAC is a disease-specific, self-administered questionnaire developed to evaluate patients with hip or knee osteoarthritis. It uses a multi-dimensional scale composed of 24 items grouped into three dimensions: pain, stiffness, and physical function (Quintana, 2009).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
Arthroscopy, Diagnostic, +/- Synovial Biopsy, Hip	
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
Arthroscopy, Surgical, Hip	
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
Arthrotomy, Hip	
27120	Acetabuloplasty; (e.g., Whitman, Colonna, Haygroves, or cup type)
Hemiarthroplasty, Hip	
27125	Hemiarthroplasty, hip, partial (e.g., femoral stem prosthesis, bipolar arthroplasty)
Removal and Replacement, Total Joint Replacement (TJR), Hip	
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
Femoroacetabular Impingement (FAI) Syndrome	
27299	Unlisted procedure, pelvis or hip joint
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
29999	Unlisted procedure, arthroscopy

CPT® is a registered trademark of the American Medical Association

HCPCS Code	Description
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Surgeries of the hip are procedures and, therefore, not regulated by the FDA. However, devices and instruments used during the surgery may require FDA approval. Refer to the following website for additional information:

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed August 15, 2024)

References

Agricola R, van Buuren MMA, Kemp JL, et al. Femoroacetabular impingement syndrome in middle-aged individuals is strongly associated with the development of hip osteoarthritis within 10-year follow-up: A prospective cohort study (CHECK). *Br J Sports Med*. 2024 Jul 29;bjssports-2024-108222.

Bissani Gasparin G, Bartoluzzi Frasson V, Gassen Fritsch C, et al. (2022). Are the Harris Hip Score and the Hip Outcome Score valid patient-reported outcome measures for femoroacetabular impingement syndrome? *Brazilian Journal of Physical Therapy*, 26(4), 100422.

Hayes, Inc. Health Technology Brief. Arthroscopic hip surgery for femoroacetabular impingement. Lansdale, PA: Hayes, Inc.; June 16, 2021. Archived June 4, 2022.

Keurentjes JC, Fiocco M, So-Osman C, et al. Patients with severe radiographic osteoarthritis have a better prognosis in physical functioning after hip and knee replacement: a cohort-study. *PLoS One*. 2013;8(4):e59500.

Kohn MD, Sassoon AA, Fernando ND. Classifications in Brief: Kellgren-Lawrence Classification of Osteoarthritis. Clin Orthop Relat Res. 2016 Aug;474(8):1886-93.

Kovalenko B, Bremjit P, Fernando N. Classifications in brief: Tönnis classification of hip osteoarthritis. Clin Orthop Relat Res. 2018 Aug;476(8):1680-1684.

Nilsson A, Bremander A. Measures of hip function and symptoms: Harris Hip Score (HHS), Hip Disability and Osteoarthritis Outcome Score (HOOS), Oxford Hip Score (OHS), Lequesne Index of Severity for Osteoarthritis of the Hip (LISOH), and American Academy of Orthopedic Surgeons (AAOS) Hip and Knee Questionnaire. Arthritis Care Res (Hoboken). 2011;63 Suppl 11:S200-S207.

Pun S, Kumar D, Lane NE. Femoroacetabular impingement. Arthritis Rheumatol. 2015 Jan;67(1):17-27.

Quintana JM, Bilbao A, Escobar A, et al. Decision trees for indication of total hip replacement on patients with osteoarthritis. Rheumatology (Oxford). 2009 Nov;48(11):1402-9.

Slattery C, Kweon CY. Classifications in brief: Outerbridge classification of chondral lesions. Clin Orthop Relat Res. 2018 Oct;476(10):2101-2104.

Tilbury C, Holtslag MJ, Tordoir RL, et al. Outcome of total hip arthroplasty, but not of total knee arthroplasty, is related to the preoperative radiographic severity of osteoarthritis. A prospective cohort study of 573 patients. Acta Orthop. 2016 Feb;87(1):67-71.

Witstein JR, Mulcahey MK, Thomas Byrd JW. Orthoinfo: Femoroacetabular impingement. American Academy of Orthopaedic Surgeons (AAOS). 2024 Apr.

Policy History/Revision Information

Date	Summary of Changes
11/01/2024	<p>Definitions</p> <ul style="list-style-type: none">Added definition of:<ul style="list-style-type: none">Femoroacetabular Impingement (FAI) SyndromeInternational Hip Outcome Tool (IHOT-33)Updated definition of “Hip Dysfunction and Osteoarthritis Outcome Score (HOOS)” <p>Supporting Information</p> <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version CS056KY.08

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Kentucky Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.