



Hip Arthroscopy for Femoroacetabular Impingement Clinical Coverage Criteria

Overview

Femoroacetabular impingement (FAI) occurs because of subtle abnormalities of hip shape. The abnormalities of hip shape can cause damage to soft tissues around the hip including the cartilage (on the surfaces of the joint), which allows the joint to move freely. The diagnosis of FAI is made based on a combination of clinical symptoms, physical examination findings, and imaging studies. A detailed assessment of each of these components is important to differentiate FAI from other intra- and extra-articular hip disorders.

Initial treatment may involve rest and rehabilitation, for those that have symptoms that persist, arthroscopic surgery may be needed. The long term sequelae of FAI have not been conclusively proven, but there is evidence that it may be a major cause of premature osteoarthritis of the hip. It has also not been proven that surgery for FAI will prevent osteoarthritis. However, removing the offending bone may help reduce further injury to the joint, while also reducing symptoms. The results of surgery are clearly better when there is no articular cartilage damage, thus, early surgical intervention for symptomatic FAI may be recommended.

Policy

This Policy applies to the following Fallon Health products:

- Commercial
- Medicare Advantage
- MassHealth ACO
- NaviCare
- PACE

The use of hip arthroscopy/arthroscopic osteochondroplasty as a treatment for femoroacetabular impingement (FAI) has increased exponentially in recent years without robust evidence or consensus about the patients who benefit from it. It is the focus of a current trial involving the Canadian Orthopaedic Foundation and the American Orthopaedic Society for Sports Medicine ([NCT01623843](#)). This trial is expected to end December 2020. There is no high quality evidence examining the effectiveness of surgery for femoroacetabular impingement. There are four ongoing studies, which may provide evidence for the benefit and safety of this type of surgery in the future.

Until the study completes, Fallon Health will consider individual requests based on meeting ALL the following criteria:

- The member is an adult,
- Pain at a level 5 or higher despite conservative treatment of activity modification and anti-inflammatory drugs,
- Persistent hip or groin pain that limits activity and is worsened by squatting or prolonged sitting
- Positive impingement signs (i.e., sudden pain on 90-degree hip flexion with adduction and internal rotation or extension and external rotation),
- Imaging studies confirm pistol-grip deformity, femoral head-neck offset with an alpha angle greater than 50 degrees, a positive wall sign, acetabular retroversion (overcoverage with crossover sign), coxa profunda or protrusion, or damage of the acetabular rim

- No evidence of advanced osteoarthritis, defined as Tonnis grade II or III, or joint space of less than 2 mm, and
- No evidence of severe (Outerbridge grade IV) chondral damage.

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

Code	Description
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

References

1. Wall PDH, Brown JS, Parsons N, et al. Surgery for treating hip impingement (femoroacetabular impingement). Cochrane Database of Systematic Reviews 2014, Issue 9. Art. No.: CD010796.
2. FIRST Investigators. A multi-centre randomized controlled trial comparing arthroscopic osteochondroplasty and lavage with arthroscopic lavage alone on patient important outcomes and quality of life in the treatment of young adult (18-50) femoroacetabular impingement. *BMC Musculoskelet Disord*. 2015;16:64.
3. Simunovic N, Heels-Ansdell D, Thabane L, Ayeni OR; FIRST Investigators. Femoroacetabular Impingement Randomised controlled Trial (FIRST) - a multi-centre randomized controlled trial comparing arthroscopic lavage and arthroscopic osteochondroplasty on patient important outcomes and quality of life in the treatment of young adult (18-50 years) femoroacetabular impingement: a statistical analysis plan. *Trials*. 2018;19(1):588.
4. Griffin DR, Dickenson EJ, Wall PD, et al. Protocol for a multicentre, parallel-arm, 12-month, randomised, controlled trial of arthroscopic surgery versus conservative care for femoroacetabular impingement syndrome (FASHIoN). *BMJ Open*. 2016;6(8):e012453.
5. Nepple JJ, Prather H, Trousdale RT, et al. Clinical diagnosis of femoroacetabular impingement. *J Am Acad Orthop Surg*. 2013;21 Suppl 1:S16-S19.
6. Nepple JJ, Prather H, Trousdale RT, et al. Diagnostic imaging of femoroacetabular impingement. *J Am Acad Orthop Surg*. 2013;21 Suppl 1:S20-S26.

Policy history

Origination date: 11/01/2016
 Approval(s): Technology Assessment Committee: 06/22/2016 (adopted Interqual Criteria), 01/25/2017 (annual review), 01/24/2018 (annual review), 01/23/2019 (annual review); 05/27/2020 (adopted Fallon Health criteria)

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.