



Surgical Treatment of Femoroacetabular Impingement

I. Policy

University Health Alliance (UHA) will reimburse for surgical treatment of femoroacetabular impingement (FAI) when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

Open or arthroscopic treatment of FAI is covered (subject to Limitations/Exclusions and Administrative Guidelines) when all of the following conditions have been met:

A. Age:

1. Adolescent patients should be skeletally mature with documented closure of growth plates (e.g., 15 years or older).

B. Symptoms:

1. Moderate-to-severe hip pain that is worsened by flexion activities (e.g., squatting or prolonged sitting) that significantly limits activities; AND
2. Unresponsive to at least three months of conservative therapy (including activity modifications, restriction of athletic pursuits and avoidance of symptomatic motion); AND
3. Positive impingement sign on clinical examination (pain elicited with 90 degrees of flexion and internal rotation and adduction of the femur)

C. Imaging:

1. Morphology indicative of cam or pincer-type FAI, e.g., pistol-grip deformity, femoral head-neck offset with an alpha angle greater than 50 degrees, a positive wall sign, acetabular retroversion (over coverage with crossover sign), coxa profunda or protrusion, or damage of the acetabular rim; AND
2. High probability of a causal association between the FAI morphology and damage, e.g., a pistol-grip deformity with a tear of the acetabular labrum and articular cartilage damage in the anterosuperior quadrant; AND
3. No evidence of advanced osteoarthritis, defined as Tonnis grade II or III, or joint space of less than 2 mm; AND
4. No evidence of severe (Outerbridge grade IV) chondral damage.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may

request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations/Exclusions

Surgical treatment of FAI is not covered in all other situations

IV. Administrative Guidelines

- A. Prior Authorization is not required.
- B. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria.
- C. Clinical notes from the patient's medical records must be submitted along with claims for processing.
- D. The following documentation must be kept in the patient's medical records and be made available to UHA upon request:
 1. Imaging studies that support the diagnosis of FAI
 2. History and duration of the conservative therapy that was tried and failed

CPT Code	Description
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

*There are no specific CPT codes for the open treatment of FAI. The procedure might be coded using code 27299 (unlisted procedure, pelvis or hip joint).

V. Policy History

Policy Number: MPP-0040-120301

Current Effective Date: 08/08/2019

Original Document Effective Date: 03/01/2012

Previous Revision Dates: 06/12/2018

PAC Approved Date: 03/01/2012