Surgery of the Hip (for New Mexico Only)

Policy Number: CS056NM.A
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➲ Instructions for Use

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Related Policies

None

Application

This Medical Policy only applies to the state of New Mexico.

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.

Surgical treatment for femoroacetabular impingement (FAI) syndrome is unproven and not medically necessary in the presence of advanced osteoarthritis (i.e., Tönnis Grade 2 or 3) and/or severe cartilage damage (i.e., Outerbridge Grade III or IV).

Definitions

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

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 disability 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).

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 multidimensional 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 federal, state, or contractual requirements 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

CPT Code	Description
Removal and Replacement, Total Joint Replacement (TJR), Hip	
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

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

Clinical Evidence

Clinical studies have shown that certain factors are associated with a subjectively defined fair or poor functional score and/or surgical failure. These poor prognostic factors, although variably reported, include more advanced preoperative osteoarthritis, advanced articular cartilage disease, older age, and more severe preoperative pain. These observations highlight the negative impact of secondary osteoarthritis on the long-term results of surgical intervention.

A systematic review and meta-analysis was conducted by Gohal et al. (2019) to assess the health-related quality of life (HRQL) outcomes after arthroscopic management of FAI. A total of 29 studies (24 case series, 3 case-control studies, 1 retrospective comparative study, and 1 RCT; some with control groups) were included for assessment. Of the 6,476 patients (6,959 hips), significant improvements were reported in all studies assessing generic HRQL outcomes, including the 12-Item Short Form Health Survey (range of mean postoperative scores, 82.2-89.8), and EuroQOL-5D scores (range of mean postoperative scores, 0.74-0.87) between 12 and 24 months postoperatively. Significant improvements were similarly identified in the hip-specific HRQL outcomes scores, with the majority of studies also reporting improvement between 12 and 24 months postoperatively. Mean improvement in International Hip Outcome Tool-33 scores from preoperative values to postoperative values ranged from 22.7 to 43.2, for studies with follow-up between 12 and 24 months. The authors concluded that hip arthroscopy can lead to significant improvement in generic and hip-specific HRQL outcomes at 12 to 24 months postoperatively in patients with FAI who do not have advanced hip osteoarthritis.

In a meta-analysis performed by Lei et al. (2019), the prognostic value of osteoarthritis (OA) on the overall failure rate, pain, and function of surgical management of femoroacetabular impingement (FAI) was evaluated. Seven studies were identified with 1,129 total patients, with 819 patients in the FAI group and 310 patients in the FAI with OA group. Pooled analyses showed that the overall failure rate was significantly higher in the FAI-OA group than in the FAI group. In addition, the rate of conversion to total hip arthroplasty was significantly higher in the FAI-OA group (37.3%) than in the FAI group (9.7%). The authors concluded that radiographic OA was correlated with higher failure rates, increased conversion to total hip arthroplasty, and worse outcomes after surgical management of FAI.

Sansone et al. (2015) performed a prospective study to evaluate the arthroscopic treatment of FAI in the presence of osteoarthritis (OA) in terms of pain, symptoms, function, physical activity level and quality of life using outcome measures validated for young, active patients with hip symptoms. Seventy-five patients undergoing arthroscopic surgery for FAI, all with preoperative radiological signs of mild to moderate OA (Tonnis grades 1 or 2) were included in this study. All patients completed patient reported outcome measures, including the International Hip Outcome Tool (iHOT-12), Copenhagen Hip and Groin Outcome (HAGOS), EQ-5D, Hip Sports Activity Scale (HSAS) for physical activity level. A visual analogue scale (VAS) for overall hip function, was performed, with radiographic evaluation. At two-year follow-up, comparison with the preoperative scores revealed improvements for all measured outcomes; the iHOT-12 (42 versus 65), VAS for global hip function (48 versus 68), HSAS (2.5 versus 3), EQ5D index (0.62 versus 0.76), EQ VAS (69 versus 75) and different HAGOS subscales (54 versus 72, 47 versus 67, 56 versus 75, 40 versus 61, 33 versus 56, 31 versus 55). Fifty-six (82%) patients reported that they were satisfied with the outcome of surgery. The authors concluded that arthroscopic treatment for patients with FAI in the presence of mild to moderate OA resulted in statistically significant and clinically relevant

improvements in outcome measures related to pain, symptoms, function, physical activity level and quality of life in the majority of patients.

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 July 25, 2023)

References

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Policy History/Revision Information

Date	Summary of Changes
07/01/2024	• New Medical Policy

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.

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