

BENEFIT COVERAGE POLICY



Title: BCP-65 Femoro-Acetabular Impingement Hip Surgery

Effective Date: 04/01/2018

Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

Health Plan covers hip surgery for the treatment of femoroacetabular impingement syndrome (FAI) that has led to or will likely lead to progressive destruction and meets the Clinical Determination Guidelines below. Services require prior approval for coverage.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

2.0 Background:

Hip impingement syndrome, also known as femoro-acetabular impingement (FAI) syndrome, is a recently accepted pathological condition that primarily affects young and middle-aged adults. It is characterized by hip pain felt mainly in the groin, and can result in chronic pain and decreased range of motion in flexion and internal rotation. Femoro-acetabular impingement syndrome has been reported to be associated with progressive osteoarthritis of the hip.

History, physical examination, as well as supportive radiographical findings including evidence of articular cartilage damage, acetabular labral tearing and early-onset degenerative changes can aid in diagnosing this condition. Several pathological changes of the femur and acetabulum are known to predispose individuals to develop FAI syndrome.

The two basic mechanisms of FAI are cam impingement (most common in young athletic males) and pincer impingement (most common in middle-aged women). This classification is based on the type of anatomical anomaly contributing to the impingement process. Cam impingement is the result of an abnormal morphology of the proximal femur, usually at the femoral head-neck junction; while pincer impingement is the result of an abnormal morphology or orientation of the acetabulum. These changes can be found on conventional radiography, MRI or CT exams.

Management of FAI ranges from conservative therapies (e.g., activity modification, non-steroidal drugs, discontinuing activities associated with painful hip movement, physical therapy, core

strengthening) to surgical (e.g., peri-acetabular osteotomy, hip dislocation and debridement). It has been suggested that the surgical trauma sustained during an open procedure, may make it difficult for high-level/professional athletes to return to professional sports. As a result, an arthroscopic approach has been developed to treat these individuals.

3.0 Clinical Determination Guidelines:

1. Open or arthroscopic treatment of FAI may be appropriate for a diagnosis of femoro-acetabular impingement, including labral tear or synovial biopsy and ALL the following criteria are met:
 - a. Presence of severe, disabling pain for at least three months and a documented loss of hip function secondary to a confirmed diagnosis of a labral tear to the extent which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment; AND
 - b. Failure to respond to a reasonable course of non-surgical care (e.g., ice, relative rest, activity modification, pharmacotherapy (e.g., anti-inflammatories, steroid injections), and/or physiotherapy; AND
 - c. Positive impingement sign (i.e., sudden pain on 90 degree hip flexion with adduction and internal rotation or extension and external rotation); AND
 - d. Radiographic confirmation of FAI (e.g., pistol grip deformity [non-spherical femoral head shape], cam impingement [alpha angle greater than 50 degrees], pincer impingement [coxa profunda, or acetabular retroversion]; AND
 - e. Absence of BOTH of the following:
 - i. Tonnis grade 2 osteoarthritis (i.e., small cysts in femoral head or acetabulum, increasing narrowing of joint space, moderate loss of sphericity of femoral head); AND
 - ii. Tonnis grade 3 osteoarthritis (i.e., large cysts, severe narrowing or obliteration of joint space, severe deformity of femoral head, avascular necrosis).

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union.

COVERED CODES			
Code	Description	Prior Approval	COC Reference
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	Y	Benefits and Coverage: Outpatient Surgery Services
29914	Arthroscopy, hip, surgical; with femoroplasty (i.e., treatment of cam lesion)	Y	Benefits and Coverage: Outpatient Surgery Services
29915	Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)	Y	Benefits and Coverage: Outpatient Surgery Services
29916	Arthroscopy, hip, surgical; with labral repair	Y	Benefits and Coverage:

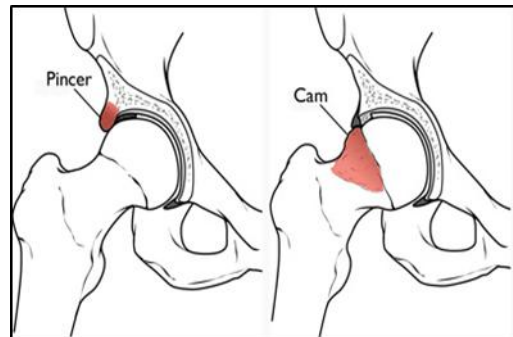
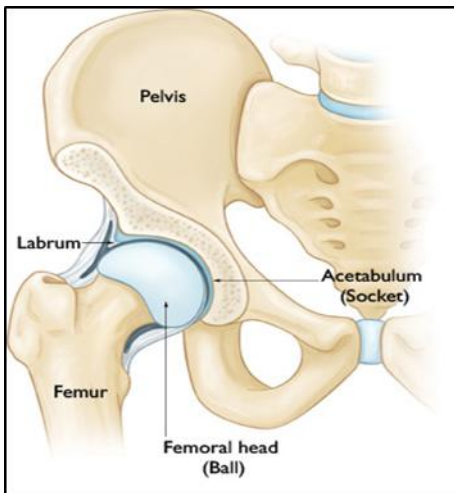
COVERED CODES			
Code	Description	Prior Approval	COC Reference
			Outpatient Surgery Services

ICD-10 DIAGNOSIS CODES	
Code	Description
M24.159	Other articular cartilage disorders, unspecified hip
M24.459	Recurrent dislocation, unspecified hip
M24.859	Other specific joint derangements of unspecified hip, not elsewhere classified
M24.9	Joint derangement, unspecified
M25.559	Pain in unspecified hip
M25.659	Stiffness of unspecified hip, not elsewhere classified
R26.2	Difficulty in walking, not elsewhere classified
M25.159	Fistula, unspecified hip
M25.859	Other specified joint disorders, unspecified hip
M25.9	Joint disorder, unspecified
S73.199A	Other sprain of unspecified hip, initial encounter

5.0 Unique Configuration/Prior Approval/Coverage Details:

None.

6.0 Terms & Definitions:



Coxa profunda – A global over coverage of the acetabulum caused by acetabular depth being too deep, often used to diagnose pincer FAI.

Impingement – Hip impingement is a condition in which there is abnormal and wearing contact between the ball and socket of the hip joint. The result is increased friction during hip movements that may damage the joint.

Labrum – A ring of fibrous cartilage around the edge of the articular joint surface of a bone

Pistol grip deformity – Describes the abnormal shape of the hip joint. The edge of the acetabulum is prominent. The head of the femur butts up against the edge of the acetabulum instead of sliding and gliding down smoothly in the socket. It gives the joint the look of a pistol grip shape on x-rays.

Table 1: Tonnis Classification of Osteoarthritis by Radiographic Changes

Grade 0: No signs of OA

Grade 1: Increased sclerosis, slight joint space narrowing, no or slight loss of head sphericity

Grade 2: Small cysts, moderate joint space narrowing, moderate loss of head sphericity

Grade 3: Large cysts, severe joint space narrowing, severe deformity of the head

Table 2: Outerbridge classification

Grade 0: normal cartilage;

Grade 1: 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

7.0 References, Citations & Resources:

Aetna, Femoro-Acetabular Surgery for Hip Impingement Syndrome, Number: 0736.10/21/2016. Available at: http://www.aetna.com/cpb/medical/data/700_799/0736.html.

Anthem, Surgical Treatment of Femoroacetabular Impingement Syndrome, SURG 00109, 13/29/17. Available at: https://www.anthem.com/medicalpolicies/policies/mp_pw_b099013.htm.

Cigna Medical Coverage Policies – Musculoskeletal Hip Surgery – Arthroscopic and Open Procedures, CMM-314, March 15, 2017. https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/CMM-314_Hip_Surgery_Arthroscopic_and_Open_Procedures.pdf.

Developmental Hip Dysplasia (DDH), Orthopaedia Collaborative Orthopedic Knowledgebase. Available at: [http://www.orthopaedia.com/display/Review/Developmental+Dysplasia+of+Hip+\(DDH\)](http://www.orthopaedia.com/display/Review/Developmental+Dysplasia+of+Hip+(DDH)).

8.0 Associated Documents [For internal use only]:

Business Process Flow (BPF) – None.

Standard Operating Procedure (SOP) – MM-03 Benefit Determinations; SOP 007 Algorithm for Use of Criteria for Benefit Determinations.

Desk Level Procedure (DLP) – None.

Sample Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter.

Form – Request Form: Out of Network/ Prior Authorization.

9.0 Revision History

Original Effective Date: 02/08/2012

Revision Dates: 12/2017

Last Approval Date: 12/13/17

Next Revision Date: 12/2018

Revision Date	Reason for Revision
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Revision Date	Reason for Revision
March 20, 2015	Annual review with updates and standardized format, ICD-10 codes added.
March 2016	Annual review with title changes, removed references to Medical Resource Management (MRM) and changed to "Medical Policy" with the responsible Dept. assigned to Utilization Management Removed references to Sparrow PHP, Healthy Michigan and MI Child. References and Resources updated
February 2017	Annual review – 2.0 A.2.c. changed from "... <i>all available to appropriate conservative treatment...</i> " Per Mollie Callow, since this procedure is now done outpatient, the benefit documents do not support requiring prior approval. Archive document to allow Mollie to add procedure to benefit docs as they renew.
December 2017	Reinstated policy to allow for prior approval for outpatient surgery per plan benefit language.