GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Osteoarthritis is the most common form of arthritis, and femoroacetabular impingement (FAI) may damage the hip and contribute to arthritis, particularly in younger patients. The hip is a ball-and-socket joint with the ball located on the femur, or thighbone. At the end of the femur that connects to the hip, the femur narrows to form a neck of bone adjacent to the ball. FAI occurs due to an altered or suboptimal shape of the femoral neck. This leads to repetitive contact between the femoral neck and the tissue around the rim of the joint socket. The resulting physical stress can damage tissues, leading to degeneration of the socket rim and tearing of the cartilage that makes up the socket. Open surgical procedures to correct FAI have been developed, but these procedures are highly invasive.

To avoid the trauma and the prolonged recovery needed after open surgery, arthroscopic surgeries have been developed for treatment of FAI. These procedures can be performed with the patient under general or spinal anesthesia. Although there are variations in published descriptions of arthroscopic procedures for FAI, the best-studied approach proceeds as follows. All surgical manipulations are performed with instruments inserted through 3 small incisions located at different points around the hip. Guided by x-ray images and views provided by the arthroscope, the surgeon cuts off abnormal outgrowths of bone, removes damaged cartilage, and reshapes the femoral neck to ensure that there is sufficient clearance between the rim of the joint socket and the neck of the femur. After arthroscopic surgery, patients typically spend 2 to 4 weeks on 2 crutches. This surgery is performed on an outpatient or short-term inpatient basis by orthopedic surgeons who have special training in arthroscopic techniques.

POLICY
Surgical treatment of femoroacetabular impingement (FAI) syndrome is considered inclusive to the primary surgical procedure, therefore, separate reimbursement is not warranted.

HMO, PPO, Individual Marketplace, Elite, Advantage
Paramount does not provide additional reimbursement based upon the type of instruments, technique or approach used in a procedure. Such matters are left to the discretion of the surgeon. Additional professional or technical reimbursement will not be made when a surgical procedure is performed for treatment of femoroacetabular impingement (FAI) syndrome.

Paramount covers open or arthroscopic hip surgery, including labral repair with or without grafting, for femoroacetabular impingement (FAI) syndrome as medically necessary when ALL of the following criteria are met:
- moderate-to-severe persistent hip or groin pain that limits activity and is worsened by flexion activities (e.g., squatting or prolonged sitting)
- pain unresponsive to medical management (e.g., restricted activity, nonsteroidal anti-inflammatory drugs)
- positive impingement sign (i.e., sudden pain on 90 degree hip flexion with adduction and internal rotation or extension and external rotation)
- radiographic confirmation of FAI (e.g., pistol-grip deformity, alpha angle greater than 50 degrees, coxa profunda, and/or acetabular retroversion)
- absence of BOTH of the following:
  - Tönnis grade 2 osteoarthritis (i.e., small cysts in femoral head or acetabulum, increasing narrowing of joint space, moderate loss of sphericity of femoral head)
  - Tönnis grade 3 osteoarthritis (i.e., large cysts, severe narrowing or obliteration of joint space, severe deformity of femoral head, avascular necrosis)

Paramount does not cover EITHER of the following for the treatment of femoroacetabular impingement (FAI) syndrome because each is considered experimental, investigational or unproven:
- capsular plication
- anterior inferior iliac spine (AIIS)/subspine impingement decompression
CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>27299</td>
<td>Unlisted procedure, pelvis or hip joint</td>
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<tr>
<td>29914</td>
<td>Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)</td>
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<td>29915</td>
<td>Arthroscopy, hip, surgical; with acetabuloplasty (ie treatment of pincer lesion)</td>
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<td>Arthroscopy, hip, surgical; with labral repair</td>
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<tr>
<td>29999</td>
<td>Unlisted arthroscopy</td>
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TAWG REVIEW DATES: 08/20/2015

REVISION HISTORY EXPLANATION
08/20/15: Policy created to reflect most current clinical evidence per TAWG.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.