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.

SCOPE
X Professional
_ Facility

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.

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

Tonnis 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
POLICY

Surgical treatment of femoroacetabular impingement (FAI) syndrome does not require prior authorization.

Iliopsoas tendon release surgery and capsular release surgery are considered integral to the primary procedure and not separately reimbursable. It is not appropriate to report either code 29862 or 29863 in addition to codes 29914-29916 for arthroscopic FAI surgery because the reconstructive procedures described by codes 29914-29916 also involve the articular cartilage and/or labrum.

Capsular repair, labral reconstruction, iliotibial band windowing, trochanteric bursextomy, abductor muscle repair, and/or iliopsoas tenotomy, when performed at the time of any FAI surgery, would be considered a component of and incidental to the FAI procedure.

There is no specific CPT code for open FAI surgery so the appropriate code for reporting this procedure is 27299. It is not appropriate to report either code 29862 or 29863 in addition to code 27299 when being reported for open FAI surgery because the reconstructive procedures also involve the articular cartilage and/or labrum.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

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:
  o 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)
  o 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.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>Description</th>
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<tbody>
<tr>
<td>27299</td>
<td>Unlisted procedure, pelvis or hip joint</td>
</tr>
<tr>
<td>29862</td>
<td>Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum</td>
</tr>
<tr>
<td>29863</td>
<td>Arthroscopy, hip, surgical; with synovectomy</td>
</tr>
<tr>
<td>29914</td>
<td>Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)</td>
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</tbody>
</table>
29915 Arthroscopy, hip, surgical; with acetabuloplasty (ie treatment of pincer lesion)
29916 Arthroscopy, hip, surgical; with labral repair
29999 Unlisted arthroscopy

REVISION HISTORY EXPLANATION
ORIGINAL EFFECTIVE DATE: 08/20/2015
08/20/15: Surgical treatment of femoroacetabular impingement (FAI) syndrome is considered inclusive to the primary surgical procedure, therefore, separate reimbursement is not warranted. Policy created to reflect most current clinical evidence per TAWG.
04/10/18: Surgical treatment of femoroacetabular impingement (FAI) syndrome does not require prior authorization. Iliopsoas tendon release surgery and capsular release surgery are considered integral to the primary procedure and not separately reimbursable. It is not appropriate to report either code 29862 or 29863 in addition to codes 29914-29916 for arthroscopic FAI surgery because the reconstructive procedures described by codes 29914-29916 also involve the articular cartilage and/or labrum. There is no specific CPT code for open FAI surgery so the appropriate code for reporting this procedure is 27299. It is not appropriate to report either code 29862 or 29863 in addition to code 27299 when being reported for open FAI surgery because the reconstructive procedures also involve the articular cartilage and/or labrum. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
10/09/18: Capsular repair, labral reconstruction, iliotibial band windowing, trochanteric bursectomy, abductor muscle repair, and/or iliopsoas tenotomy, when performed at the time of any FAI surgery, would be considered a component of and incidental to the FAI procedure. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
12/21/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid
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.