



MEDICAL POLICY

Date Reviewed: 11/24/09, 02/05/10, 04/15/11

Subject: Femoroacetabular Impingement (FAI) Surgery

Codes: 29860, 29861, 29862, 29863, 29914, 29915, 29916, 29999

Description: Femoroacetabular impingement is a condition of the hip joint due to excessive or abnormal contact between the femur and the acetabulum that can lead to tears in the labrum of the hip.

Indications of Coverage:

Femoroacetabular impingement surgery is considered medically necessary for the treatment of the hip for any of the following conditions when the condition specific criteria are met.

Labral tear repair (articular cartilage repair)

Documentation of joint pain, joint locking, or joint instability

Physical findings of pain with passive ROM and either limited ROM or clicking of the hip

Imaging (MRI or arthrogram) documents a labral tear

Failure of a four week trial of more conservative therapies including anti-inflammatory medications (or other analgesic medication if the anti-inflammatory medication is contraindicated) used on a regular basis and physical therapy (a minimum of eight physical therapy treatments). If the symptoms are severe (requiring urgent medical care), the trial of conservative therapy may not be required.

Femoral (head-neck junction) remodeling

Significant limitation in activities of daily living (ADL) due to chronic (at least three months in duration) hip or groin pain

Physical findings of pain with passive ROM, pain with flexion (squatting), and a positive impingement sign. (A positive impingement sign is defined as a sudden, sharp pain in the hip when the hip is flexed 90 degrees, then adducted (moved toward the center of the pelvis) and internally rotated in the flexed position.)

Imaging (xray or MRI) documents femoral pathology (one of the following): pistol-grip deformity, alpha angle greater than 50 degrees, coax profunda, and/or acetabular retroversion

Minimal degenerative changes (Tonnis grade 1 or 2 and Outerbridge grade 0, 1, or 2) of the hip joint. (**See information regarding Tonnis and Outerbridge classifications below.**)

Failure of a four week trial of more conservative therapies including anti-inflammatory medications (or other analgesic medication if the anti-inflammatory medication is contraindicated) used on a regular basis and physical therapy (a minimum of eight physical therapy treatments). If the symptoms are severe (requiring urgent medical care), the trial of conservative therapy may not be required.

An intra-articular joint injection provided symptom relief for a period of time that is concordant with the typical minimum duration of action for the type of local anesthetic used

Tonnis Classification of Osteoarthritis

Grade 0: No signs of osteoarthritis

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

Outerbridge Classification of Cartilage Disease

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

Limitations of Coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.

If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

Arthroscopic acetabular osteotomy and/or realignment hip procedures are considered investigational as there is insufficient peer-reviewed scientific literature supporting the effectiveness of these procedures or the superior long-term benefit from these procedures when compared to standard treatment.

Documentation required:

Office notes

Imaging reports

Procedure report

Rationale: Femoroacetabular impingement surgery is performed to correct the pathology in the hip joint presumed to be the source of the pain. The procedure may include recontouring of the femoral head and/or femur, recontouring of the acetabular rim, and labral repair. Although the

documentation regarding the procedures is limited, improvement has been documented. Whether the procedure provides results that can be maintained in the long term has not been established. Studies are underway to determine the prevalence of femoroacetabular impingement in the population.

- References:
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Approved by the Medical Director