



General Hip Pain

Clinical Guidelines for Medical Necessity Review

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Important Notices

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Guideline Information:

Specialty Area: Diseases & Disorders of the Musculoskeletal System (M00-M99)

Care Path Group: Hip

Care Path Name: General Hip Pain (M25, M70, M76, S76)

Type: Adult (18+ yo) | Pediatric (0-17yo)

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Care Path Clinical Discussion

Hip pain is a common complaint. Younger adults commonly present with pain associated with muscles & tendons.¹ In older individuals, hip pain is likely to be the result of osteoarthritis or trochanteric pain. A careful history, physical examination, and radiographic imaging can help identify the cause of the hip pain.^{2,3} Pathology of the knee and spine must be considered as potential sources of hip pain.⁴ The biomechanics of the hip, spine, and pelvis are complex and interrelated, and their disorders commonly coexist.² As such, it is not uncommon for patients to see multiple clinicians before an intra-articular hip diagnosis is established.¹ This discussion focuses on hip pain of unknown etiology; it will not address traumatic or medical causes. Hip pain due to labral injury, impingement, femoral head osteonecrosis, and osteoarthritis are covered elsewhere.

In conjunction with a careful history and physical examination, imaging is the appropriate first step of treatment. If these are inconclusive, consider a knee or spine evaluation. If radiography is nondiagnostic, choose an advanced imaging modality for further assessment. The modality chosen will depend on history, examination findings, and working differential diagnosis.⁴ If the clinician is not comfortable with appropriate workup, or the differential diagnosis is unclear, refer to a musculoskeletal specialist before further assessment. There are several imaging options for assisting with diagnosis. However, other procedures such as intra-articular injection or aspiration may also prove to be diagnostic.⁴ Depending on the diagnosis, conservative management (e.g., physical therapy and pharmacotherapy) may be appropriate.^{5,6} Once there is a preliminary diagnosis, a diagnostic arthroscopy may diagnose secondary or more subtle injuries that do not respond to conservative treatment.⁷

The information contained herein gives a general overview of the pathway of this specific diagnosis, beginning with initial presentation, recommended assessments, and treatment options as supported by the medical literature and existing guidelines. It should be noted that the care of patients can be complex. The information below is meant to support clinical decision making in adult patients. It is not necessarily applicable to every case, as the entire clinical picture (including comorbidities, history, etc.) should be considered.

Key Information

- Individuals with hip pain may seek care in any setting – primary, specialty, or urgent. There is a long list of differential diagnoses, so clinicians unfamiliar with them should refer to a musculoskeletal specialist.
- The presentation, history, physical examination, and radiographic findings should guide the workup, including injections and advanced imaging.
- Treating physicians should only perform advanced imaging if they suspect structural injury and if the patient is agreeable to and appropriate for treatment. If not, physical therapy may be appropriate.
- Procedures such as intra-articular injection, arthrocentesis, or, in rare cases, arthroscopy may help confirm a diagnosis.

Definitions

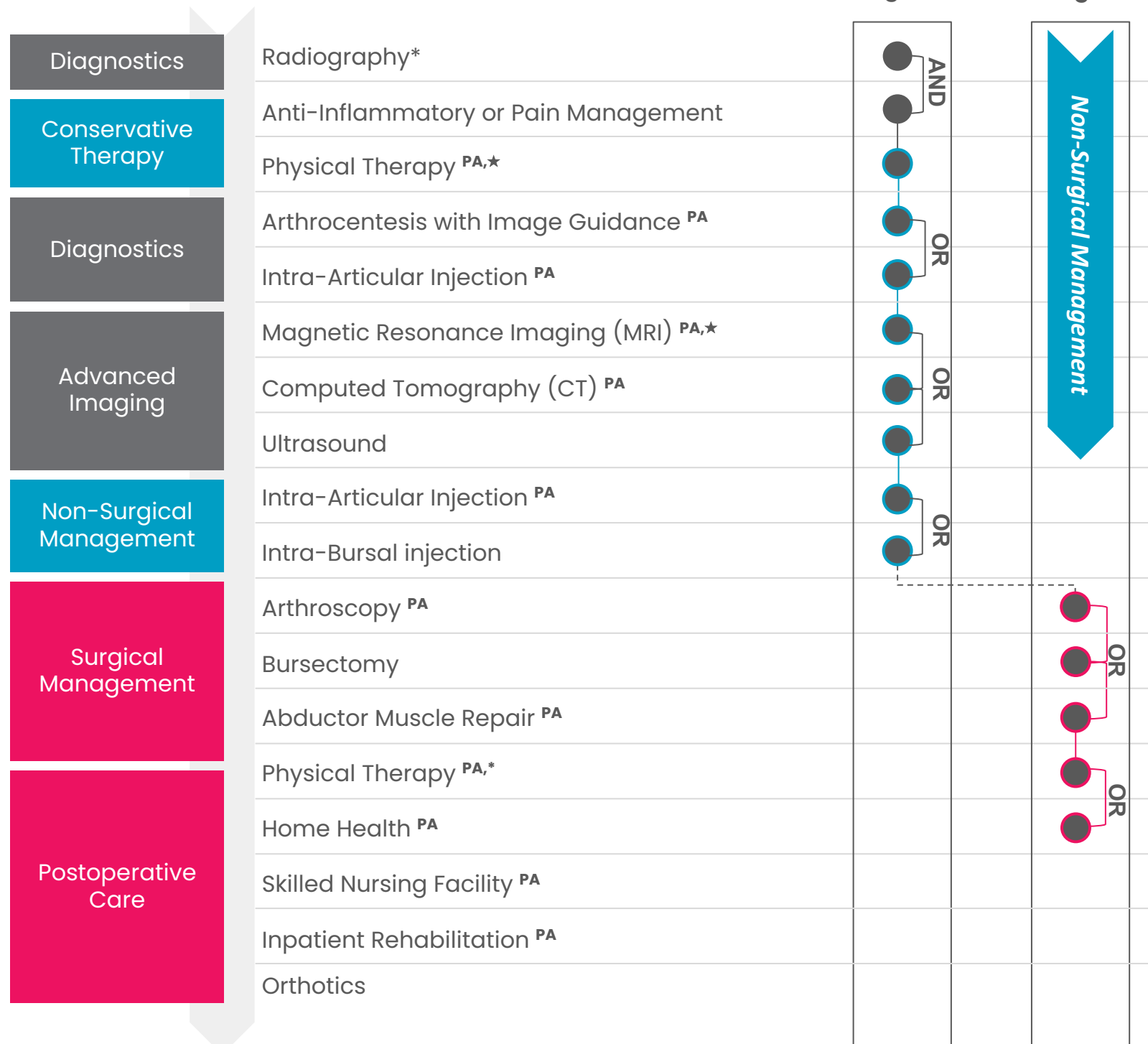
- **FABER (Flexion, Abduction, and External Rotation) test:** used to assess a suspected labral tear. The examination begins with a supine patient. The examiner places the patient in a figure-4 position with their hip flexed and abducted with the lateral ankle resting on the contralateral thigh proximal to the knee. The examiner then applies gentle downward force against the knee of the abducted leg. A positive result occurs when the patient reports groin pain on the side of the lateral leg.⁸
- **Hop test:** begins with a patient hopping on the affected leg. A positive result occurs if the patient reports pain while hopping, as this may indicate a stress fracture.
- **The Trendelenburg test:** begins with the patient standing on one leg for approximately 30 seconds without leaning to one side. The examiner observes whether the pelvis stays level. A positive result occurs when the unilateral weight-bearing pelvis drops toward the unsupported side.⁹
- **FADIR (Flexion, Adduction and Internal Rotation) test:** begins with a supine patient. The examiner raises the patient's leg with their hip flexed to 90° and knee flexed to 90°. The examiner then adducts and internally rotates the hip. A positive result occurs when the patient reports groin pain.

General Hip Pain

What is a "Cohere Care Path"?

These Care Paths organize the services typically considered most clinically optimal and likely to be automatically approved. These service recommendations also include the suggested sequencing and quantity or frequency determined clinically appropriate and medically necessary for the management of most patient care scenarios in this Care Path's diagnostic cohort.

Non-Surgical Management **Surgical Management**



Key

- ^{PA} = Service may require prior authorization
- ★ = Denotes preferred service
- AND = Services completed concurrently
- OR = Services generally mutually exclusive
- = Non-surgical management prior authorization group of services
- = Surgical management prior authorization group of services
- = Subsequent service
- = Management path moves to a different management path

Care Path Diagnostic Criteria

Disease Classification

General hip pain or hip pain of unknown origin.

ICD-10 Codes Associated with Classification

ICD-10 Code	Code Description/Definition
M06.251	Rheumatoid bursitis, right hip
M06.252	Rheumatoid bursitis, left hip
M06.259	Rheumatoid bursitis, unspecified hip
M12.251	Villonodular synovitis (pigmented), right hip
M12.252	Villonodular synovitis (pigmented), left hip
M12.259	Villonodular synovitis (pigmented), unspecified hip
M24.051	Loose body in right hip
M24.052	Loose body in left hip
M24.059	Loose body in unspecified hip
M25.051	Hemarthrosis, right hip
M25.052	Hemarthrosis, left hip
M25.059	Hemarthrosis, unspecified hip
M25.451	Effusion, right hip
M25.452	Effusion, left hip
M25.459	Effusion, unspecified hip
M25.55	Pain in hip
M25.551	Pain in right hip
M25.552	Pain in left hip
M25.559	Pain in unspecified hip
M25.65	Stiffness of joint, not elsewhere classified
M25.651	Stiffness of right hip, not elsewhere classified
M25.652	Stiffness of left hip, not elsewhere classified

M25.659	Stiffness of unspecified hip, not elsewhere classified
M70.6	Trochanteric bursitis
M70.60	Trochanteric bursitis, unspecified hip
M70.61	Trochanteric bursitis, right hip
M70.62	Trochanteric bursitis, left hip
M70.7	Other bursitis of hip
M70.70	Other bursitis of hip, unspecified hip
M70.71	Other bursitis of hip, right hip
M70.72	Other bursitis of hip, left hip
M71.051	Abscess of bursa, right hip
M71.052	Abscess of bursa, left hip
M71.059	Abscess of bursa, unspecified hip
M71.151	Other infective bursitis, right hip
M71.152	Other infective bursitis, left hip
M71.159	Other infective bursitis, unspecified hip
M71.551	Other bursitis, not elsewhere classified, right hip
M71.552	Other bursitis, not elsewhere classified, left hip
M71.559	Other bursitis, not elsewhere classified, unspecified hip
M71.851	Other specified bursopathies, right hip
M71.852	Other specified bursopathies, left hip
M71.859	Other specified bursopathies, unspecified hip
M76.0	Gluteal tendinitis
M76.00	Gluteal tendinitis, unspecified hip
M76.01	Gluteal tendinitis, right hip
M76.02	Gluteal tendinitis, left hip
M76.1	Psoas tendinitis
M76.10	Psoas tendinitis, unspecified hip
M76.11	Psoas tendinitis, right hip
M76.12	Psoas tendinitis, left hip

S76.01	Strain of muscle, fascia and tendon of hip
S76.011	Strain of muscle, fascia and tendon of right hip
S76.012	Strain of muscle, fascia and tendon of left hip
S76.019	Strain of muscle, fascia and tendon of unspecified hip
M79.651	Pain in right thigh
M79.652	Pain in left thigh
M79.659	Pain in unspecified thigh
M84.350A	Stress fracture, pelvis, initial encounter for fracture
M84.350D	Stress fracture, pelvis, subsequent encounter for fracture with routine healing
M84.350G	Stress fracture, pelvis, subsequent encounter for fracture with delayed healing
M84.350K	Stress fracture, pelvis, subsequent encounter for fracture with nonunion
M84.350P	Stress fracture, pelvis, subsequent encounter for fracture with malunion
M84.350S	Stress fracture, pelvis, sequela
M84.351A	Stress fracture, right femur, initial encounter for fracture
M84.351D	Stress fracture, right femur, subsequent encounter for fracture with routine healing
M84.351G	Stress fracture, right femur, subsequent encounter for fracture with delayed healing
M84.351K	Stress fracture, right femur, subsequent encounter for fracture with nonunion
M84.351P	Stress fracture, right femur, subsequent encounter for fracture with malunion
M84.351S	Stress fracture, right femur, sequela
M84.352A	Stress fracture, left femur, initial encounter for fracture
M84.352D	Stress fracture, left femur, subsequent encounter for fracture with routine healing
M84.352G	Stress fracture, left femur, subsequent encounter for fracture with delayed healing

M84.352K	Stress fracture, left femur, subsequent encounter for fracture with nonunion
M84.352P	Stress fracture, left femur, subsequent encounter for fracture with malunion
M84.352S	Stress fracture, left femur, sequela
M84.353A	Stress fracture, unspecified femur, initial encounter for fracture
M84.353D	Stress fracture, unspecified femur, subsequent encounter for fracture with routine healing
M84.353G	Stress fracture, unspecified femur, subsequent encounter for fracture with delayed healing
M84.353K	Stress fracture, unspecified femur, subsequent encounter for fracture with nonunion
M84.353P	Stress fracture, unspecified femur, subsequent encounter for fracture with malunion
M84.353S	Stress fracture, unspecified femur, sequela
M84.359A	Stress fracture, hip, unspecified, initial encounter for fracture
M84.359D	Stress fracture, hip, unspecified, subsequent encounter for fracture with routine healing
M84.359G	Stress fracture, hip, unspecified, subsequent encounter for fracture with delayed healing
M84.359K	Stress fracture, hip, unspecified, subsequent encounter for fracture with nonunion
M84.359P	Stress fracture, hip, unspecified, subsequent encounter for fracture with malunion
M84.359S	Stress fracture, hip, unspecified, sequela
M93.251	Osteochondritis dissecans, right hip
M93.252	Osteochondritis dissecans, left hip
M93.259	Osteochondritis dissecans, unspecified hip

Presentation and Etiology

Causes and Risk Factors

None.

Clinical Presentation

- Hip pain with activity or at rest
- More difficulty with using stairs and inclines than with level surfaces⁴
- Common referral patterns include the buttock, groin, and thigh (in some cases distal to knee).¹⁰

Typical Physical Exam Findings

Findings may include:

- Abnormal gait¹¹
 - Antalgic
 - Wide
 - Trendelenburg
- Leg length discrepancy¹¹
- Limited ROM when compared with the contralateral hip.
- Pain with passive external and internal rotation or “log roll”^{11, 12}
- Decreased strength with hip abduction, adduction, flexion, external rotation, or internal rotation
- Positive Trendelenburg test^{11, 12}:
 - A patient unable to hold the pelvis stable (parallel to the ground) for 30 seconds while standing on one leg (healthy side sags) indicates weak gluteal muscles.
 - Indicates gluteal pathology
- FABER test produces hip pain^{11, 12}
- FADIR test produces hip pain¹²
- Hop test
 - Reproduction of pain while hopping on the affected leg indicates stress fracture¹²
- Symptoms should not be reproduced with lumbar flexion or extension, straight leg raise, or provocation of sacroiliac (SI) joints if truly originating in the hip.

Typical Diagnostic Findings

None.

Care Path Services & Medical Necessity Criteria

Conservative Therapy

Service: Physical Therapy

General Guidelines

- **Units, Frequency, & Duration:** There is insufficient evidence available to support recommendations regarding timing, duration, and frequency of conservative treatment.
- **Criteria for Subsequent Requests:** The patient should be progressing towards goals in the physical therapy plan without fully obtaining all goals.
- **Recommended Clinical Approach:** Except when contraindicated, recommended interventions include land-based exercise, manual therapy, stretching, neuromuscular re-education, and patient education.¹² Preoperative physical therapy is recommended.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

→ **Physical therapy** is considered appropriate if **ALL** of the following are **TRUE**^{6,12}:

- ◆ The patient has **ANY** positive findings from the [clinical presentation](#) and [typical physical exam findings](#) lists.
- ◆ The patient wishes to avoid or prolong surgery, or the etiology of pain is deemed inappropriate for surgery.

Non-Indications

None.

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97010	Application of hot or cold packs
97012	Application of mechanical traction
97014	Application of electrical stimulation
97016	Application of vasopneumatic devices
97018	Application of paraffin bath
97022	Application of whirlpool
97024	Application of diathermy
97026	Application of infrared modality
97028	Application of ultraviolet modality
97032	Application of manual electrical stimulation
97033	Application of iontophoresis
97034	Application of contrast baths
97035	Application of ultrasound modality
97036	Application of Hubbard tank
97039	Modality service
97110*	Therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and standing activities
97113	Aquatic therapy with therapeutic exercises
97116	Gait training including stair climbing
97124	Massage including effleurage and petrissage; Massage including effleurage and tapotement; Massage including effleurage, petrissage and tapotement; Massage

	including petrissage and tapotement
97139	Therapeutic procedure
97140	Manual therapy techniques
97150	Group therapeutic procedures
97164	Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient and family 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient's family 20 minutes
97530	Direct therapeutic activities with use of dynamic activities to improve functional performance, each 15 minutes
97535	Home management training, direct one-on-one contact, each 15 minutes; Self-care management training, direct one-on-one contact, each 15 minutes
97537	Community reintegration training, direct one-on-one contact, each 15 minutes; Work reintegration training, direct one-on-one contact, each 15 minutes
97542	Wheelchair management, each 15 minutes
97545	Work conditioning, initial 2 hours; Work hardening, initial 2 hours
97546	Work conditioning, each additional hour; Work hardening, each additional hour
97750	Physical performance measurement with written report, each 15 minutes; Physical performance test with written report, each 15 minutes
97755	Assistive technology assessment with written report, direct one-on-one contact, each 15 minutes

97760	Initial orthotic management and training with assessment and fitting of lower extremities and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremities, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity, each 15 minutes; Initial orthotic management and training with assessment and fitting of trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of upper and lower extremities and trunk, each 15 minutes
97761	Initial prosthetic training of lower extremities, each 15 minutes; Initial prosthetic training of lower extremity, each 15 minutes Initial prosthetic training of upper and lower extremities, each 15 minutes; Initial prosthetic training of upper extremities, each 15 minutes; Initial prosthetic training of upper extremity, each 15 minutes
97763	Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity, each 15 minutes Subsequent orthotic management and training of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities, each 15 minutes Subsequent orthotic management and training of upper extremity and trunk, each 15 minutes Subsequent orthotic management and training of upper extremity, each 15 minutes Subsequent orthotic management of lower extremities and

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	<p>extremities, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic management of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremity, each 15 minutes</p> <p>Subsequent orthotic management and training of lower extremities, each 15 minutes</p> <p>Subsequent orthotic management of lower extremities, each 15 minutes</p> <p>Subsequent orthotic training of lower extremities and trunk,</p>
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	<p>each 15 minutes</p> <p>Subsequent orthotic training of lower extremities, each 15 minutes</p> <p>Subsequent orthotic training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremity and trunk, each 15 minutes</p>
97799	Unlisted physical medicine/rehabilitation service or procedure
420	Physical Therapy
421	Physical Therapy: Visit Charge
422	Physical Therapy: Hourly Charge
423	Physical Therapy: Group Rate
424	Physical Therapy: Evaluation/Re-evaluation
429	Physical Therapy: Other Physical Therapy
97163	Evaluation of physical therapy, typically 45 minutes
97161	Evaluation of physical therapy, typically 20 minutes
97162	Evaluation of physical therapy, typically 30 minutes
97168	Re-evaluation of occupational therapy established plan of care, typically 30 minutes
97165	Evaluation of occupational therapy, typically 30 minutes
97166	Evaluation of occupational therapy, typically 45 minutes
97167	Evaluation of occupational therapy established plan of care, typically 60 minutes
G0151	Hhcp-serv of pt,ea 15 min

*Default codes for suggested services

Diagnostics

Service: Arthrocentesis with Image Guidance

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:**
 - Aspiration for synovial fluid analysis may be indicated if septic joint or crystal-induced arthropathy is suspected.¹³
 - Aspiration prior to injection may also improve the treatment outcome.¹⁴
 - Guidance with fluoroscopy or ultrasound is recommended.^{4, 13}
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Arthrocentesis with image guidance** is considered appropriate if **ALL** of the following are **TRUE**:
- ◆ Hip pain is categorized as **ANY** of the following^{13,15}:
 - Acute
 - Severe
 - Infectious
 - Crystal-induced etiology suspected.

Non-Indications

- **Arthrocentesis with image guidance** may not be appropriate if **ANY** of the following is **TRUE**:^{4,13}
- ◆ Cannot access the joint without traversing inflamed or infected superficial tissues.
 - ◆ There is no suspicion of intra-articular pathology; differential diagnosis has not been established.

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
20610	Arthrocentesis and injection of hip joint
20610	Arthrocentesis of hip joint
20611	Arthrocentesis of hip joint using ultrasound guidance with permanent recording and reporting
20611	Arthrocentesis and injection of hip joint using ultrasound guidance with permanent recording and reporting

Service: Intra-articular Injection with Corticosteroid

General Guidelines

- **Units, Frequency, & Duration:** Single injection for diagnostic purposes.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:**
 - Symptom relief after injection with an anesthetic, with or without steroids, suggests intra-articular pathology.⁴
 - Image guidance is recommended.⁴
 - Response to intra-articular injection reliable (90%) indicator of joint pathology when compared with arthroscopy¹⁶
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Intra-articular injection** is considered appropriate if **ALL** of the following are **TRUE**:
- ◆ The patient has **ANY** positive findings from the [clinical presentation](#) and [typical physical exam findings](#) lists.
 - ◆ Intra-articular pathology was suspected but not confirmed with advanced imaging.¹⁷

Non-Indications

- **Intra-articular injection** may not be appropriate if **ANY** of the following is **TRUE**:^{4,14}
- ◆ There is no suspicion of intra-articular pathology; differential diagnosis has not been established.
 - ◆ Periarticular infection or fracture
 - ◆ Prosthetic joint
 - ◆ Suspected septic joint
 - ◆ Joint instability

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
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20610	Arthrocentesis and injection of hip joint; Aspiration and injection of bursa of hip; Injection of bursa of hip; Injection of hip joint
20611	Arthrocentesis and injection of hip joint using ultrasound guidance with permanent recording and reporting; Aspiration and injection of bursa of hip using ultrasound guidance with permanent recording and reporting; Injection of bursa of hip using ultrasound guidance with permanent recording and reporting; Injection of hip joint using ultrasound guidance with permanent recording and reporting

Advanced Imaging

Service: Magnetic Resonance Imaging (MRI) or Computed Tomography (CT)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:**
 - Radiography is recommended as the initial exam.⁴
 - MRI is useful for evaluating intra-articular pathology and bony abnormalities.⁴ If impingement or labral tear is suspected, or osteoarthritis is noted on radiographs, please refer to the appropriate documentation for guidance.
 - CT is useful for evaluating bony structures but not soft tissue.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **MRI** is considered appropriate if **ALL** of the following are **TRUE**:
- ◆ The patient has **ANY** positive findings from the [clinical presentation](#) and [typical physical exam findings](#) lists.
 - ◆ **ANY** of the following is **TRUE**⁴:
 - Suspicion of an infectious process, pigmented villonodular synovitis (PVNS, also known as tenosynovial giant cell tumor (TGCT)), or osteochondromatosis
 - **ALL** of the following are **TRUE**:
 - Radiographs are negative or nondiagnostic, and **ANY** of the following is suspected as the cause of hip pain:
 - ◆ Extra-articular soft tissue pathology
 - ◆ Bony abnormality
 - The patient fails to show significant improvement in pain or disability level despite receiving 3 months of nonsurgical management.

Non-Indications

- **MRI** is not considered appropriate if **ANY** of the following is **TRUE**¹⁸:
- ◆ Non-compatible implanted devices
 - ◆ Metallic intraocular foreign bodies
 - ◆ Claustrophobia without medication

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
Magnetic Resonance Imaging (MRI)	
72195	Magnetic resonance imaging (MRI) of pelvis without contrast material
73718	Magnetic resonance imaging (MRI) of thigh between hip and knee without contrast material
73721	MRI of lower extremity
73722	MRI scan of leg joint with contrast
73723	MRI scan of leg joint with and without contrast
73719	MRI scan of leg with contrast
73720	MRI scan of leg with and without contrast
72196	Magnetic resonance imaging (MRI) of pelvis with contrast material
72197	Magnetic resonance imaging (MRI) of pelvis with and without contrast material
Computed Tomography (CT)	
73700	CT of lower extremity
73701	CT of lower extremity with contrast
73702	CT of lower extremity with and without contrast
72192	CT of pelvis
72193	CT of pelvis with contrast
72194	CT of pelvis with and without contrast
73700	CT of lower extremity

Service: Ultrasound

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:**
 - Beneficial due to being non-invasive and radiation-free.
 - Useful for localizing fluid collections and evaluating extra-articular soft tissues abnormalities or snapping hip.⁴
 - Not appropriate for assessing bony abnormalities or intra-articular pathology.⁴
 - Useful for guidance during hip injections.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

→ **Diagnostic ultrasound** is considered appropriate if **ANY** of the following is **TRUE**:

- ◆ The patient has **ANY** positive findings from the [clinical presentation](#) and [typical physical exam findings](#) lists.
- ◆ Extra-articular soft tissue pathology is suspected.⁴

Non-Indications

None.

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
76881	Complete real-time ultrasound of joint including joint space and periarticular soft tissue structures, with image documentation

Surgical Management

Service: Arthroscopy

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:**
 - Hip arthroscopy can offer “decreased morbidity, diminished risk of neurovascular injury, and shorter recovery periods” in comparison to certain traditional open procedures.^{8,19}
 - Hip arthroscopy may also be diagnostic. It provides visualization for diagnostically challenging cases or as a minimally invasive biopsy for synovial disease.⁵⁻⁶
- **Exclusions:** None.

Medical Necessity Criteria

Indications

→ **Arthroscopy** is considered appropriate for **ANY** of the following is **TRUE**^{5-6,20}:

- ◆ Labral injury
- ◆ Femoro-acetabular impingement
- ◆ Loose bodies
- ◆ Chondral injuries
- ◆ Synovial disease
- ◆ Joint sepsis

Non-Indications

→ **Arthroscopy** may not be appropriate if **ANY** of the following is **TRUE**⁵⁻⁶:

- ◆ Ankylosis of the hip
- ◆ Arthritis
- ◆ Acetabular or femoral dysplasia
- ◆ Local nerve pathology/disorders (e.g., pudendal neuralgia, peroneal nerve palsy)¹⁸

Site of Service Criteria

Outpatient or ambulatory surgical center (ASC)

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
29860	Diagnostic arthroscopy of hip joint; Diagnostic arthroscopy of hip joint with synovial biopsy
29863	Surgical arthroscopy of hip with synovectomy
29999	Unlisted arthroscopic procedure

Service: Open or Arthroscopic Abductor Muscle Repair (gluteus medius and minimus)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Abductor muscle repair may be appropriate for documented gluteus medius or minimus tendon tears resulting in prolonged symptoms and disability. Repair may be performed open or arthroscopically.²¹
- **Exclusions:** None.

Medical Necessity Criteria

Indications

→ **Abductor muscle repair** is considered appropriate if **ALL** of the following are **TRUE**²¹⁻²²:

- ◆ The patient has **ANY** positive findings from:
 - [Clinical presentation](#)
 - [Typical physical exam findings](#)
- ◆ Advanced imaging (MRI or ultrasound) documents a tear of the gluteus medius or minimus tendon of the hip.
- ◆ The patient fails to show significant improvement in pain or disability level despite receiving more than 3 months of nonsurgical management.

Non-Indications

→ **Abductor muscle repair** may not be appropriate if **ANY** of the following is **TRUE**⁵⁻⁶:

- ◆ Ankylosis of the hip
- ◆ Advanced osteoarthritis
- ◆ Acetabular or femoral dysplasia
- ◆ Local nerve pathology or disorders (e.g., pudendal neuralgia, peroneal nerve palsy)²³

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
27299	Unlisted procedure on hip joint; Unlisted procedure on pelvis

Surgical Risk Factors

Patient Medical Risk Stratification

Patient Risk Score	Patient Characteristic	Min Range	Max Range	Guidance
1- Very Low Risk	No known medical problems			
2- Low Risk	Hypertension		180/110 mm Hg	
2- Low Risk	Asthma	peak flow >80% of predicted or personal best value		
2- Low Risk	Prior history of alcohol abuse			Screen for liver disease and malnutrition
2- Low Risk	Prior history of tobacco use			
3- Intermediate Risk	Asthma	peak flow <80% of predicted or personal best value		
3- Intermediate Risk	Active alcohol abuse			
3- Intermediate Risk	Age	65	75	
3- Intermediate Risk	History of treated, stable coronary artery disease (CAD)			
3- Intermediate Risk	Stable atrial fibrillation			
3- Intermediate Risk	Diabetes mellitus	HbA1C >7%		
3- Intermediate Risk	Morbid obesity	BMI 30	BMI 40	
3- Intermediate Risk	Anemia	hemoglobin <11 (females), <12 (males)		Workup to identify etiology
3- Intermediate Risk	HIV	CD4 <200 cells/mm3		Get clearance from HIV specialist
3- Intermediate Risk	Rheumatologic disease			Preoperative consultation with rheumatologist re: perioperative medication management

3- Intermediate Risk	Peripheral vascular disease or history of peripheral vascular bypass	ankle-brachial pressure index (ABPI) <0.9		Preoperative consultation with vascular surgeon
3- Intermediate Risk	History of venous thromboembolism (VTE)			
3- Intermediate Risk	Well-controlled obstructive sleep apnea			
3- Intermediate Risk	Malnutrition	transferrin <200 mg/dL albumin <3.5 g/dL prealbumin <22.5 mg/dL total lymphocyte count <1200-1500 cell/mm3 BMI <18		Preoperative consultation with nutritionist
3- Intermediate Risk	Active tobacco Use			Enroll patient in smoking cessation program
4- High Risk	Diabetes mellitus with complications	HbA1c >8%		
4- High Risk	Age	76	85	
4- High Risk	Oxygen dependent pulmonary disease			
4- High Risk	Sickle cell anemia			
4- High Risk	Obesity	BMI 40		
4- High Risk	Cirrhosis, history of hepatic decompensation or variceal bleeding			
4- High Risk	Impaired cognition; dementia			
4- High Risk	Compensated CHF			
4- High Risk	Cerebrovascular disease			

4- High Risk	Uncontrolled or suspected obstructive sleep apnea (OSA)			
4- High Risk	Renal insufficiency	serum creatinine >1.5 mg/dL or creatinine clearance <100 mL/min		
4- High Risk	Opioid dependence			
4- High Risk	End Stage Liver Disease			
4- High Risk	Uncontrolled Seizure Disorder			
4- High Risk	History of Malignant Hyperthermia			
5- Very High Risk	Cardiovascular: unstable angina, recent myocardial infarction (60 days), uncontrolled atrial fibrillation or other high-grade abnormal rhythm, severe valvular disease, decompensated heart failure			
5- Very High Risk	Primary pulmonary hypertension			Preoperative consultation with pulmonologist warranted
5- Very High Risk	Cirrhosis or severe liver disease, history of hepatic decompensation or variceal bleeding			
5- Very High Risk	Severe frailty, dependence for ADLs, or history of 3 or more falls in last 6 mos			
5- Very High Risk	Obesity		BMI >50	
5- Very High Risk	Age		>85	
5- Very High Risk	History of VTE with CI to anticoagulation, failure of anticoagulation, cessation of			Preoperative consultation with hematologist or internist

	anticoagulation therapy secondary to bleeding			
5- Very High Risk	Renal failure requiring dialysis			
5- Very High Risk	Immunosuppression			
5- Very High Risk	Chronic Pain			

Post-Acute Care

Service: Physical Therapy

General Guidelines

- **Units, Frequency, & Duration:** There is insufficient evidence to support recommendations regarding timing, duration, and frequency of conservative treatment. Rehabilitation protocols vary in the literature, but the typical duration is at least 12 weeks.²⁴
- **Criteria for Subsequent Requests:** The patient should be progressing towards goals in the physical therapy plan without fully obtaining all goals.
- **Recommended Clinical Approach:** Protocols should be individualized based on patient and surgery characteristics.²⁴ Land-based exercises are recommended as the first line of therapy. If land-based therapy is unsuccessful, aquatic exercises are appropriate.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

→ **Physical therapy** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ Following hip surgery²⁴

Non-Indications

None.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97010	Application of hot or cold packs
97012	Application of mechanical traction
97014	Application of electrical stimulation
97016	Application of vasopneumatic devices

97018	Application of paraffin bath
97022	Application of whirlpool
97024	Application of diathermy
97026	Application of infrared modality
97028	Application of ultraviolet modality
97032	Application of manual electrical stimulation
97033	Application of iontophoresis
97034	Application of contrast baths
97035	Application of ultrasound modality
97036	Application of Hubbard tank
97039	Modality service
97110*	Therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and standing activities
97113	Aquatic therapy with therapeutic exercises
97116	Gait training including stair climbing
97124	Massage including effleurage and petrissage; Massage including effleurage and tapotement; Massage including effleurage, petrissage and tapotement; Massage including petrissage and tapotement
97139	Therapeutic procedure
97140	Manual therapy techniques
97150	Group therapeutic procedures
97164	Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient and family 20

	minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient's family 20 minutes
97530	Direct therapeutic activities with use of dynamic activities to improve functional performance, each 15 minutes
97535	Home management training, direct one-on-one contact, each 15 minutes; Self-care management training, direct one-on-one contact, each 15 minutes
97537	Community reintegration training, direct one-on-one contact, each 15 minutes; Work reintegration training, direct one-on-one contact, each 15 minutes
97542	Wheelchair management, each 15 minutes
97545	Work conditioning, initial 2 hours; Work hardening, initial 2 hours
97546	Work conditioning, each additional hour; Work hardening, each additional hour
97750	Physical performance measurement with written report, each 15 minutes; Physical performance test with written report, each 15 minutes
97755	Assistive technology assessment with written report, direct one-on-one contact, each 15 minutes
97760	Initial orthotic management and training with assessment and fitting of lower extremities and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremities, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity, each 15 minutes; Initial orthotic management and training with assessment and fitting of trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of upper and lower extremities and trunk, each 15 minutes

97761	<p>Initial prosthetic training of lower extremities, each 15 minutes;</p> <p>Initial prosthetic training of lower extremity, each 15 minutes</p> <p>Initial prosthetic training of upper and lower extremities, each 15 minutes;</p> <p>Initial prosthetic training of upper extremities, each 15 minutes;</p> <p>Initial prosthetic training of upper extremity, each 15 minutes</p>
97763	<p>Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of lower extremity, each 15 minutes</p> <p>Subsequent orthotic management and training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of upper extremities, each 15 minutes</p> <p>Subsequent orthotic management and training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of upper extremity, each 15 minutes</p> <p>Subsequent orthotic management of lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management of lower extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic management of lower extremity, each 15 minutes</p> <p>Subsequent orthotic management of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management of upper extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management of upper extremities, each 15 minutes</p> <p>Subsequent orthotic management of upper extremity and</p>

	<p>trunk, each 15 minutes</p> <p>Subsequent orthotic management of upper extremity, each 15 minutes</p> <p>Subsequent orthotic training of lower extremity, each 15 minutes</p> <p>Subsequent orthotic training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremities, each 15 minutes</p> <p>Subsequent orthotic training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic management of upper and lower</p>
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	<p>extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremity, each 15 minutes</p> <p>Subsequent orthotic management and training of lower extremities, each 15 minutes</p> <p>Subsequent orthotic management of lower extremities, each 15 minutes</p> <p>Subsequent orthotic training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of lower extremities, each 15 minutes</p> <p>Subsequent orthotic training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremities, each 15</p>
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	minutes Subsequent prosthetic training of lower extremity and trunk, each 15 minutes
97799	Unlisted physical medicine/rehabilitation service or procedure
420	Physical Therapy
421	Physical Therapy: Visit Charge
422	Physical Therapy: Hourly Charge
423	Physical Therapy: Group Rate
424	Physical Therapy: Evaluation/Re-evaluation
429	Physical Therapy: Other Physical Therapy
97163	Evaluation of physical therapy, typically 45 minutes
97161	Evaluation of physical therapy, typically 20 minutes
97162	Evaluation of physical therapy, typically 30 minutes
97168	Re-evaluation of occupational therapy established plan of care, typically 30 minutes
97165	Evaluation of occupational therapy, typically 30 minutes
97166	Evaluation of occupational therapy, typically 45 minutes
97167	Evaluation of occupational therapy established plan of care, typically 60 minutes
G0151	Hhcp-serv of pt,ea 15 min

*Default codes for suggested services

Service: Home Health Care

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** May be recommended for postoperative care if outpatient treatment is not appropriate.¹⁸
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Home health care** is considered appropriate if **ALL** of the following are **TRUE**:
- ◆ The patient lives with those that are unable to care for the patient postoperatively.
 - ◆ The patient underwent hip surgery.

Non-Indications

None.

Site of Service Criteria

Home

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
99509	Home visit for assistance with activities of daily living and personal care
99600	Unlisted home visit procedure; Unlisted home visit service
99334	Level 1 rest home visit for evaluation and management of established patient with minor and/or self-limited problem, including problem-focused interval history and physical examination, and straightforward medical decision-making, typical time with patient, family, and/or caregiver 15 minutes
G0129	Partial hosp prog service
G0283	Elec stim other than wound

Service: Skilled Nursing Facility

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** May be indicated for postoperative care in cases where the surgery occurred at an inpatient hospital and outpatient physical therapy or home health care are not indicated.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

→ **Skilled nursing facilities** are considered appropriate if **ALL** of the following is **TRUE**:

◆ **ANY** of the following are **TRUE**:

- Neurologic deficit occurs postoperatively
- Postoperative complications
- Multiple medical comorbidities
- The patient requires maximum assistance for mobility
- The patient does not have others to care for them at home

◆ The patient underwent hip surgery

Non-Indications

None.

Site of Service Criteria

Nursing facility

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
99304	Level 1 initial nursing facility care for evaluation and management of patient with problem of low severity, including comprehensive history and physical examination, and medical decision-making of low complexity, typical time 25 minutes; Level 1 initial nursing facility care for evaluation and management of patient with problem of low severity, including detailed history and physical examination, and straightforward medical

	decision-making, typical time 25 minutes
99305	Level 2 initial nursing facility care for evaluation and management of patient with problem of moderate severity, including comprehensive history and physical examination, and medical decision-making of moderate complexity, typical time 35 minutes
99306	Level 3 initial nursing facility care for evaluation and management of patient with problem of high severity, including comprehensive history and physical examination, and medical decision-making of high complexity typical time 45 minutes
99307	Level 1 subsequent nursing facility care for evaluation and management of patient, including problem-focused interval history and physical examination, and straightforward medical decision-making, typical time 10 minutes; Level 1 subsequent nursing facility care for evaluation and management of patient, including problem-focused interval history and physical examination, typical time 10 minutes; Level 1 subsequent nursing facility care for evaluation and management of patient, including problem-focused interval history and straightforward medical decision-making, typical time 10 minutes; Level 1 subsequent nursing facility care for evaluation and management of patient, including problem-focused physical examination and straightforward medical decision-making, typical time 10 minutes
99308	Level 2 subsequent nursing facility care for evaluation and management of patient, including expanded problem-focused interval history and medical decision-making of low complexity, typical time 15 minutes; Level 2 subsequent nursing facility care for evaluation and management of patient, including expanded problem-focused interval history and physical examination, and medical decision-making of low complexity, typical time 15 minutes; Level 2 subsequent nursing facility care for evaluation and management of patient, including expanded problem-focused interval history and physical examination, typical time 15 minutes; Level 2 subsequent nursing facility care for evaluation and management of patient, including expanded

	problem-focused physical examination and medical decision-making of low complexity, typical time 15 minutes
99309	Level 3 subsequent nursing facility care for evaluation and management of patient, including detailed interval history and medical decision-making of moderate complexity, typical time 25 minutes; Level 3 subsequent nursing facility care for evaluation and management of patient, including detailed interval history and physical examination, and medical decision-making of moderate complexity. typical time 25 minutes; Level 3 subsequent nursing facility care for evaluation and management of patient, including detailed interval history and physical examination, typical time 25 minutes; Level 3 subsequent nursing facility care for evaluation and management of patient, including detailed physical examination and medical decision-making of moderate complexity, typical time 25 minutes
99310	Level 4 subsequent nursing facility care for evaluation and management of patient, including comprehensive interval history and medical decision-making of high complexity, typical time 35 minutes; Level 4 subsequent nursing facility care for evaluation and management of patient, including comprehensive interval history and physical examination, and medical decision-making of high complexity, typical time 35 minutes; Level 4 subsequent nursing facility care for evaluation and management of patient, including comprehensive interval history and physical examination, typical time 35 minutes; Level 4 subsequent nursing facility care for evaluation and management of patient, including comprehensive physical examination and medical decision-making of high complexity, typical time 35 minutes
99315	Nursing facility discharge day management, 30 minutes or less
99316	Nursing facility day management, more than 30 minutes
G0128	Corf skilled nursing service

Service: Inpatient Rehabilitation

General Guidelines

- **Units, Frequency, & Duration:** Postoperative inpatient rehabilitation is recommended to begin as soon as possible for all patients. No guidelines are available for a specific rehabilitation duration, timing, or frequency. Inpatient rehabilitation is rarely required following routine
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** There are no firmly established criteria for discharge appropriateness; generally depends upon medical stability, pain control, home situation, PT/OT goals met. Some patients may require non-home discharge after surgery, depending upon age, comorbidities, and functional needs.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Post-acute inpatient rehabilitation** is considered appropriate if **ANY** of the following is **TRUE**:
- ◆ **ANY** of the following are **TRUE**:
 - Neurologic deficit occurs postoperatively
 - Postoperative complications
 - Multiple medical comorbidities
 - The patient requires maximum assistance for mobility
 - The patient does not have others to care for them at home
 - ◆ The patient underwent hip surgery.

Non-Indications

None.

Site of Service Criteria

Inpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97799	Physical medicine service

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Clinical Guideline Revision History/Information

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Review History	
October 27, 2021 (V2.0)	Peer Reviewer: Dr. Akilesh Sastry Approving Physician: Dr. Brian Covino
December 29, 2022 (V3.0)	Peer Reviewer: Dr. Akilesh Sastry Approving Physician: Dr. Traci Granston