Cohere Medicare Advantage Policy - Hip Arthroscopy

Clinical Guidelines for Medical Necessity Review

Version: 2
Effective Date: June 10, 2024

Important Notices

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Other Notices:

Guideline Information:

Specialty Area: Disorders of the Musculoskeletal System
Guideline Name: Cohere Medicare Advantage Policy - Hip Arthroscopy

Literature review current through: 6/10/2024
Document last updated: 6/10/2024
Type: [**X**] Adult (18+ yo) | [_] Pediatric (0-17yo)

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Medical Necessity Criteria

Service: Hip Arthroscopy

Benefit Category

Not Applicable

Recommended Clinical Approach

Diagnostic hip arthroscopy is a minimally invasive procedure that provides visualization for diagnostically challenging cases or as a minimally invasive biopsy for synovial disease.[1] Labral repair techniques have demonstrated superior results compared with debridement however, both have demonstrated similar clinical results. Labral repair may be beneficial for patients with recurrent hip instability, particularly after trauma. The torn labrum can be reattached to the acetabulum using suture anchors or other techniques.

Osteochondroplasty of the hip removes bone and overlying cartilage from the acetabulum and femoral neck that contribute to femoroacetabular impingement (FAI). This procedure can be performed arthroscopically or as an open procedure.

Evaluation of Clinical Benefits and Potential Harms

Cohere Health uses the criteria below to ensure consistency in reviewing the conditions to be met for coverage of hip arthroscopy. This process helps to prevent both incorrect denials and inappropriate approvals of medically necessary services. Specifically, limiting incorrect approvals reduces the risks associated with unnecessary procedures, such as complications from surgery, infections, and prolonged recovery times.

The potential clinical harms of using these criteria may include:

- Inadequate management of hip conditions, leading to complications like progression of degenerative joint disease and worsening pain and mobility. An unstable hip labral tear can not only cause pain and decreased mobility but it can lead to early degenerative changes within the hip joint. This can result in chronic pain and places patients at

risk for a possible opioid dependency. Decreased mobility can result in medical comorbidities.
- Risks with inappropriate surgical procedures include infection, bleeding, injury to neurovascular structures, injury to the articular cartilage, implant (anchor) migration, anesthetic risk and the need for repeat or additional procedures. Nakano et al identified all the complications associated with hip arthroscopy, which include injury to articular cartilage, neurovascular injury, injuries due to intraoperative traction, damage due to misplaced anchors, fluid extravasation, hypothermia, infection, deep venous thrombosis, instability, avascular necrosis of the femoral head, adhesions, fracture of the femoral head, and tendinitis.[7] Due to the significant nature of these complications, selecting appropriate surgical candidates is important to minimize this risk.
- Increased healthcare costs and complications from the inappropriate use of emergency services and additional treatments.

The clinical benefits of using these criteria include:

- Improved patient outcomes by ensuring timely and appropriate access to hip arthroscopy for managing various hip conditions such as labral tears. According to Ross et al hip arthroscopy is minimally invasive and results in a decreased risk of neurovascular injury, morbidity and recovery time compared to open procedures.[1] By managing intra articular abnormalities within the hip joint, further joint damage can be prevented or slowed.
- Reduction in complications and adverse effects from unnecessary procedures. Avoiding unnecessary surgery can prevent the numerous hip arthroplasty complications that can require additional treatment.
- Enhanced overall patient satisfaction and healthcare experience.

This policy includes provisions for expedited reviews and flexibility in urgent cases to mitigate risks of delayed access. Evidence-based criteria are employed to prevent inappropriate denials, ensuring that patients receive medically necessary care. The criteria aim to balance the need for effective treatment with the minimization of potential harms, providing numerous clinical benefits in helping avoid unnecessary complications from inappropriate care.

In addition, the use of these criteria is likely to decrease inappropriate denials by creating a consistent set of review criteria, thereby supporting optimal patient outcomes and efficient healthcare utilization.

Medical Necessity Criteria

Indications

- ➔ **Hip arthroscopy procedures** are considered appropriate when **ALL** of the following are **TRUE**:
  - ◆ **ANY** of the following is **TRUE:**
    - **Diagnostic hip arthroscopy** is considered appropriate if the patient has a source of hip pain without a clear diagnosis with **ANY** of the following[2]:
      - Loose bodies; **OR**
      - Chondral injuries; **OR**
      - Synovial disease; **OR**
      - Adhesive capsulitis; **OR**
      - Joint sepsis; **OR**
    - **Arthroscopic labral debridement** is considered appropriate when labral degeneration is visible on advanced imaging; **OR**
    - **Arthroscopic osteochondroplasty** is considered appropriate when **ALL** of the following are **TRUE**:
      - Positive impingement sign with pain (hip is flexed to 90 degrees, adducted, and internally rotated); **AND**
      - Moderate to severe persistent hip or groin pain that limits activity and is worse with hip flexion; **AND**
      - Advanced imaging shows **ANY** of the following:
        - ◆ FAI impingement with evidence of CAM impingement (alpha angle greater than 50 degrees); **OR**
        - ◆ Pincer impingement (coxa profunda or acetabular retroversion)[3]; **OR**
    - **Arthroscopic labral repair** is considered appropriate if a labral tear can be repaired based on advanced imaging findings[4]; **AND**
  - ◆ Failure of conservative management (e.g., rest, analgesics, physical therapy, oral or injectable corticosteroids) must be documented for a period of greater than 3 months.

Documentation should include detailed evidence of the measures taken, rather than solely a physician's statement.

Non-Indications

- ➔ **Hip arthroscopy procedures** are not considered appropriate when **ANY** of the following is **TRUE**[1,5]:
  - ◆ Ankylosis of the hip; **OR**
  - ◆ Advanced hip osteoarthritis (Tönnis grade 2 or 3-see note below); **OR**
  - ◆ Local nerve pathology/disorders (e.g., pudendal neuralgia, peroneal nerve palsy); **OR**
  - ◆ Capsular laxity.

Tönnis Grading Scale of Hip Osteoarthritis[6]	
Grade	**Radiographic Features**
0	-No signs of osteoarthritis
1	-Slight narrowing of joint space -Slight lipping at joint margin -Slight sclerosis of the temporal head or acetabulum
2	-Small cysts in the femoral head or acetabulum -Increasing narrowing of joint space -Moderate loss of sphericity of the femoral head
3	-Large cysts -Severe narrowing or obliteration of joint space -Severe deformity of the femoral head -Avascular necrosis

Level of Care Criteria

Outpatient

Procedure Codes (CPT/HCPCS)

HCPCS Code	Code Description/Definition
27299	Unlisted procedure, pelvis or hip joint
29860	Diagnostic arthroscopy of hip joint; Diagnostic arthroscopy of hip joint with synovial biopsy

29861	Surgical arthroscopy of hip with removal of foreign body; Surgical arthroscopy of hip with removal of loose body
29862	Surgical arthroscopy of hip with debridement of articular cartilage; Surgical arthroscopy of hip with debridement of articular cartilage, abrasion arthroplasty, and resection of labrum; Surgical arthroscopy of hip with debridement of articular cartilage, and abrasion arthroplasty; Surgical arthroscopy of hip with shaving of articular cartilage, abrasion arthroplasty, and resection of labrum
29863	Surgical arthroscopy of hip with synovectomy
29914	Surgical arthroscopy of hip with femoroplasty; Surgical arthroscopy of hip with femoroplasty for cam lesion
29915	Surgical arthroscopy of hip with acetabuloplasty; Surgical arthroscopy of hip with acetabuloplasty for pincer lesion
29916	Surgical arthroscopy of hip with labral repair
29999	Unlisted arthroscopic procedure

Medical Evidence

Woyski and Mather (2019) analyze the significant increase in labral repair procedures from 19% in 2009 to 81% in 2017. Diagnostic intraarticular injection is a standard approach when the source of hip pain is unknown. Injections are sensitive and allow the clinician to differentiate hip pain from extraarticular, intra-articular, and spinal etiologies. Techniques for partial or complete labral reconstruction or augmentation have developed in recent years that have improved long-term outcomes. Support is published in multiple randomized control trials.[4]

Ross et al. (2017) performed a clinical review on the increased utilization of hip arthroscopy and available techniques. The authors review hip arthroscopy with respect to four pathologies: the central, peripheral, peritrochanteric, and subgluteal compartments. Compared to traditional open procedures, hip arthroscopy is minimally invasive and results in a decreased risk of neurovascular injury, morbidity, and recovery time.[1]

Groh et al. (2009) note that arthroscopy is the gold standard treatment. Magnetic resonance arthrography (MRA) is the preferred diagnostic test compared to magnetic resonance imaging (MRI) and computed tomography (CT) as they are ineffective in determining a diagnosis. The use of arthroscopy allows the clinician to visualize related intraarticular structures (e.g., articular cartilage, ligamentum teres). Overall, complication rates vary (1.4% to 25%). Complications include deep venous thrombosis (DVT), articular damage, and neurovascular injury. There is an increased risk to the superior gluteal neurovascular bundle, lateral femoral cutaneous nerve, and the femoral neurovascular bundle. This is related to portal placement and the sciatic and pudendal nerves because of traction. Nerve palsies can resolve within two hours to three weeks.[2]

References

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Clinical Guideline Revision History/ Information

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