# Labral Injuries & Femoroacetabular Impingement (FAI)

*Clinical Guidelines for Medical Necessity Review*

**Version:** V3.0
**Effective Date:** December 29, 2022

# Important Notices

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## Other Notices:



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## Guideline Information:

**Specialty Area:** Diseases & Disorders of the Musculoskeletal System (M00-M99)
**Care Path Group:** Hip
**Care Path Name:** Labral Injuries and Femoroacetabular Impingement (FAI) (M24, M25)
**Type:** [**X**] Adult (18+ yo) | [_] Pediatric (0-17yo)

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## Care Path Clinical Discussion

Labral injuries generally occur due to significant trauma to the hip. It can also be caused by a single traumatic event or by repetitive motions, repetitive trauma, or overuse of the hip joint by an athlete.[1] Labral tears are commonly associated with Femoroacetabular impingement (FAI), trauma, dysplasia, or capsular laxity.[2] The labrum is a fibrocartilage rim that surrounds and seals the hip joint or the acetabulum. Underlying structural abnormalities such as femoroacetabular impingement may increase an individual's risk of a tear.

FAI is the most common cause of a labral tear.[2] It is an anatomical condition that develops during childhood in which extra bone grows along the acetabulum or femoral head. This incongruity leads to abnormal friction as the femoral head slides in the acetabulum during movement.[2] The irregular shape causes friction as the bones rub against each other. This friction eventually results in decreased hip function and pain during activity.

Pincer, cam, and combined are three types of FAI. Cam impingement occurs when the anatomy of the femoral head is abnormal. The inability of the femoral head to rotate smoothly inside the acetabulum results in a bump forming on the surface of the femoral head. This exostosis leads to a shear force along the adjacent cartilage. Although the labrum is not initially damaged, the articular cartilage and labrum begin to delaminate (cartilage begins to separate from the adjacent subchondral bone).[2] Pincer occurs when there is abnormal anatomy of the acetabulum. It is typically due to acetabular rim overgrowth, acetabular retroversion, or a deep acetabular socket (coxa profunda). The extra bone that extends over the acetabulum can damage the labrum and adjacent cartilage.[3] Combined impingement means that both pincer and cam are present.

Patients with a labral injury or FAI will frequently present with hip pain that worsens with physical activity or difficulty with prolonged sitting.

Nonsurgical management is the initial recommendation. Surgical management may be appropriate if nonsurgical management fails.

*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 with spinal health problems is 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, spinal health history, etc.) should be considered.*

***Key Information***

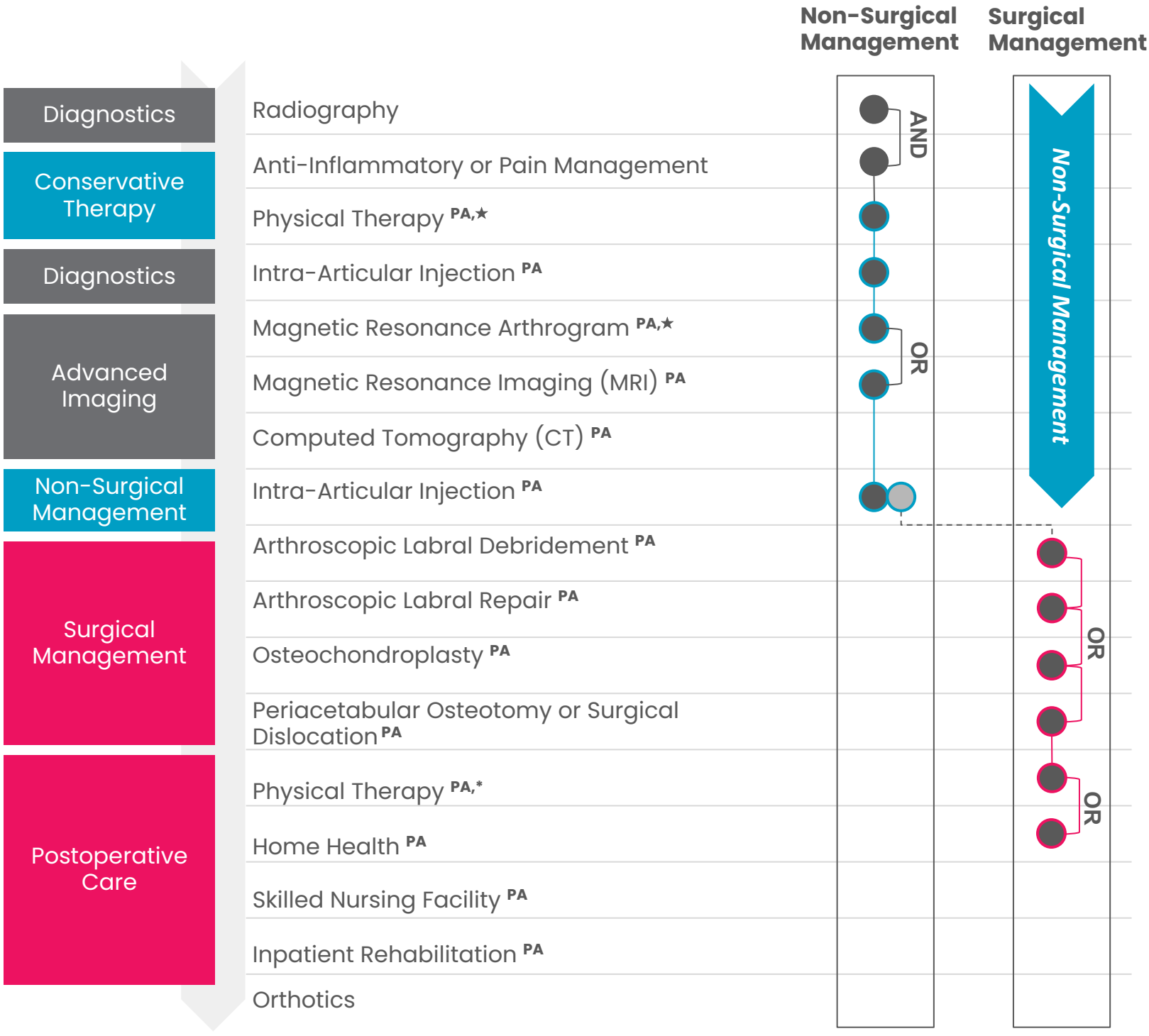
- ➢ Patients may present at a primary care office or an urgent or emergent care center following an injury. The initial presentation may be with an orthopedic physician or as a referral to a specialist.
- ➢ 22%-55% of patients that present with symptoms of hip or groin pain have an acetabular labral tear.[1]
  - Women are more likely to have a labral tear.
  - Common labral tear causes include FAI, trauma, capsular laxity, hip dysplasia, and degeneration.
  - Cam-type FAI is common in young, athletic men.
- ➢ Nonsurgical management, such as physical therapy or injections, are recommended as the first line of treatment.
- ➢ Diagnostic intra-articular hip injections can prove to be beneficial for patients suspected for a labral tear.
- ➢ Consider hip arthroscopy when advanced imaging confirms a labral tear with FAI, BMI is less than 35, the patient is under 45 years old, joint space is greater than 2-4mm, or in the absence of dysplasia.[4]

# Definitions

- **FABER (Flexion, Abduction, and External Rotation) test:** A test 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 affected side.[5]
- **FADIR (Flexion, Adduction, and Internal Rotation) test:** The 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.

# Labral Injuries and Femoroacetabular Impingement (FAI)

**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.




**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

Labral Injuries & Femoroacetabular Impingement (FAI)

***ICD-10 Codes Associated with Classification***

| ICD-10 Code | Code Description/Definition |
|---|---|
| M24.10 | Other articular cartilage disorders, unspecified site |
| M24.7 | Protrusio acetabuli |
| M24.15 | Other articular cartilage disorders, hip |
| M24.151 | Other articular cartilage disorders, right hip |
| M24.152 | Other articular cartilage disorders, left hip |
| M24.159 | Other articular cartilage disorders, unspecified hip |
| M25.551 | Pain in right hip |
| M25.552 | Pain in left hip |
| M25.559 | Pain in unspecified hip |
| M25.851 | Other specified joint disorders, right hip |
| M25.852 | Other specified joint disorders, left hip |
| M25.859 | Other specified joint disorders, unspecified hip |
| M79.651 | Pain in right thigh |
| M79.652 | Pain in left thigh |
| M79.659 | Pain in unspecified thigh |
| M94.251 | Chondromalacia, right hip |
| M94.252 | Chondromalacia, left hip |
| M94.259 | Chondromalacia, unspecified hip |

# Presentation and Etiology

### *Causes and Risk Factors*

Athletes, especially those who participate in high-risk sports, are more susceptible to developing a labral injury.

### *Clinical Presentation*[1]

- Pain in hip, groin, buttocks, or thigh
- Clicking, locking, catching, or giving way
- Hip instability
- Discomfort or pain that worsens with activities such as prolonged sitting, prolonged standing, walking, climbing stairs, or running
- Stiffness
- Limping

### *Typical Physical Exam Findings*

- Flexed knee gait while walking
- Positive impingement test
- FADIR test produces hip pain
- FABER test produces hip pain
- Limited hip flexion and hip abduction
- Limited internal rotation with the hip at 90° of flexion

### *Typical Diagnostic Findings*

Hip evaluation should start with radiographic imaging. Radiographic findings for FAI cam impingement typically include an increased femoral neck diameter that approaches the size of the femoral head diameter, an alpha angle greater than 60°, and a head-neck offset ratio less than 0.14.[6]

Typical radiographic findings for FAI pincer impingement include an increase acetabular depth, coxa profunda (lateral center-edge angle greater than 35°), acetabular protrusion, decreased acetabular inclination, Tönnis angle less than 0°, acetabular retroversion, cross-over sign indicating localized anterosuperior over coverage, and an ischial spine projection into the pelvis.[6]

In most cases, magnetic resonance (MR) arthrogram is preferable over magnetic resonance imaging (MRI) to best identify defects in the labrum and cartilage.[2]

# 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 the timing, duration, and frequency of physical therapy
- **Criteria for Subsequent Requests:** The patient should be progressing towards goals in the physical therapy plan without fully obtaining all goals.
- **Recommended Clinical Approach:** The first line of treatment should be land-based. If land-based is not working, patients can try aquatic exercises. Physical therapy, including land-based or aquatic exercise and strengthening, is recommended for all patients with symptomatic labral injury or FAI. Preoperative physical therapy is recommended.[6]
- **Exclusions:** None.

### Medical Necessity Criteria

#### Indications

➔ **Physical therapy** is considered appropriate if **ALL** of the following are **TRUE**[7]:

- ◆ The patient has **1 or more** positive findings from:
  - Clinical presentation list
  - Typical physical exam findings list

#### 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;<br>Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient and family 20 minutes;<br>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;<br>Self-care management training, direct one-on-one contact, each 15 minutes |
| 97537 | Community reintegration training, direct one-on-one contact, each 15 minutes;<br>Work reintegration training, direct one-on-one contact, each 15 minutes |
| 97542 | Wheelchair management, each 15 minutes |
| 97545 | Work conditioning, initial 2 hours;<br>Work hardening, initial 2 hours |
| 97546 | Work conditioning, each additional hour;<br>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;<br>Initial prosthetic training of lower extremity, each 15 minutes<br>Initial prosthetic training of upper and lower extremities, each 15 minutes;<br>Initial prosthetic training of upper extremities, each 15 minutes;<br>Initial prosthetic training of upper extremity, each 15 minutes |
| 97763 | Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes<br>Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes<br>Subsequent orthotic management and training of lower extremity, each 15 minutes<br>Subsequent orthotic management and training of upper and lower extremities and trunk, each 15 minutes<br>Subsequent orthotic management and training of upper extremities and trunk, each 15 minutes<br>Subsequent orthotic management and training of upper extremities, each 15 minutes<br>Subsequent orthotic management and training of upper extremity and trunk, each 15 minutes<br>Subsequent orthotic management and training of upper extremity, each 15 minutes<br>Subsequent orthotic management of lower extremities and trunk, each 15 minutes<br>Subsequent orthotic management of lower extremity and trunk, each 15 minutes |

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| | Subsequent orthotic management of lower extremity, each 15 minutes<br>Subsequent orthotic management of upper and lower extremities and trunk, each 15 minutes<br>Subsequent orthotic management of upper extremities and trunk, each 15 minutes<br>Subsequent orthotic management of upper extremities, each 15 minutes<br>Subsequent orthotic management of upper extremity and trunk, each 15 minutes<br>Subsequent orthotic management of upper extremity, each 15 minutes<br>Subsequent orthotic training of lower extremity, each 15 minutes<br>Subsequent orthotic training of upper and lower extremities and trunk, each 15 minutes<br>Subsequent orthotic training of upper extremities and trunk, each 15 minutes<br>Subsequent orthotic training of upper extremities, each 15 minutes<br>Subsequent orthotic training of upper extremity and trunk, each 15 minutes<br>Subsequent orthotic training of upper extremity, each 15 minutes<br>Subsequent prosthetic management and training of lower extremities and trunk, each 15 minutes<br>Subsequent prosthetic management and training of lower extremity and trunk, each 15 minutes<br>Subsequent prosthetic management and training of lower extremity, each 15 minutes<br>Subsequent prosthetic management and training of upper and lower extremities and trunk, each 15 minutes<br>Subsequent prosthetic management and training of upper extremities and trunk, each 15 minutes<br>Subsequent prosthetic management and training of upper extremities, each 15 minutes<br>Subsequent prosthetic management and training of upper extremity and trunk, each 15 minutes |

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| | Subsequent prosthetic management and training of upper extremity, each 15 minutes<br>Subsequent prosthetic management of lower extremities and trunk, each 15 minutes<br>Subsequent prosthetic management of lower extremity and trunk, each 15 minutes<br>Subsequent prosthetic management of lower extremity, each 15 minutes<br>Subsequent prosthetic management of upper and lower extremities and trunk, each 15 minutes<br>Subsequent prosthetic management of upper extremities and trunk, each 15 minutes<br>Subsequent prosthetic management of upper extremities, each 15 minutes<br>Subsequent prosthetic management of upper extremity and trunk, each 15 minutes<br>Subsequent prosthetic management of upper extremity, each 15 minutes<br>Subsequent prosthetic training of lower extremity, each 15 minutes<br>Subsequent prosthetic training of upper and lower extremities and trunk, each 15 minutes<br>Subsequent prosthetic training of upper extremities and trunk, each 15 minutes<br>Subsequent prosthetic training of upper extremities, each 15 minutes<br>Subsequent prosthetic training of upper extremity and trunk, each 15 minutes<br>Subsequent prosthetic training of upper extremity, each 15 minutes<br>Subsequent orthotic management and training of lower extremities, each 15 minutes<br>Subsequent orthotic management of lower extremities, each 15 minutes<br>Subsequent orthotic training of lower extremities and trunk, each 15 minutes<br>Subsequent orthotic training of lower extremities, each 15 minutes |

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|---|---|
| | Subsequent orthotic training of lower extremity and trunk, each 15 minutes<br>Subsequent prosthetic management and training of lower extremities, each 15 minutes<br>Subsequent prosthetic management of lower extremities, each 15 minutes<br>Subsequent prosthetic training of lower extremities and trunk, each 15 minutes<br>Subsequent prosthetic training of lower extremities, each 15 minutes<br>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

# Diagnostics

***Service: Diagnostic Intra-articular Injection***

## General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Pain relief from an intra-articular hip injection supports a diagnosis of FAI.[8]
- **Exclusions:** None.

## Medical Necessity Criteria

### Indications

➔ **Intra-articular injection** may be considered appropriate if **ALL** of the following are **TRUE**[8]:

◆ The patient has **1 or more** positive findings from:

- Clinical presentation list
- Typical physical exam findings list

### Non-Indications

None.

## Site of Service Criteria

Outpatient

## Procedure Codes (HCPCS/CPT)

| HCPCS Code | Code Description/Definition |
|---|---|
| 20610 | Arthrocentesis and injection of hip joint;<br>Aspiration and injection of bursa of hip;<br>Injection of bursa of hip;<br>Injection of hip joint |
| 20611 | Arthrocentesis and injection of hip joint using ultrasound guidance with permanent recording and reporting;<br>Aspiration and injection of bursa of hip using ultrasound guidance with permanent recording and reporting;<br>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 Arthrogram***

## General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Magnetic resonance arthrograms are the most sensitive advanced imaging modality for diagnosing hip labral injuries.[9]
- **Exclusions:** None.

## Medical Necessity Criteria

### Indications

➔ **Magnetic resonance arthrograms** are considered appropriate if **ALL** of the following are **TRUE**[9-10]:

- The patient has **ANY** positive findings from:
  - Clinical presentation
  - Typical physical exam findings
- The patient's imaging shows **ANY** of the following:
  - The MRI is inconclusive.
  - The radiograph is non-diagnostic.
  - The radiograph indicates FAI.
  - A labral tear is suspected.
- The patient fails to show significant improvement in symptoms or disability level despite receiving nonsurgical management for 3 months

### Non-Indications

➔ **Magnetic resonance arthrograms** are not considered appropriate if **ANY** of the following is **TRUE**[11]:

- Non-compatible implanted devices
- Metallic intraocular foreign bodies
- Claustrophobia

## Site of Service Criteria

Outpatient

## Procedure Codes (HCPCS/CPT)

| HCPCS Code | Code Description/Definition |
|---|---|
| 73722 | Magnetic resonance imaging (MRI) of hip joint with contrast material |

***Service: Magnetic Resonance Imaging (MRI)***

## General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Magnetic resonance imaging (MRI) can help diagnose hip cartilage injuries, labral injuries, and other soft tissue abnormalities if radiographs are non-diagnostic or indicate FAI.[9]
- **Exclusions:** None.

## Medical Necessity Criteria

### Indications

➔ **MRI** is considered appropriate if **ALL** of the following are **TRUE**[9-10]**:**

- ◆ The patient has **ANY** positive findings from:
  - Clinical presentation
  - Typical physical exam findings
- ◆ The patient's radiograph shows **ANY** of the following:
  - The radiograph is non-diagnostic.
  - The radiograph indicates FAI.
- ◆ The patient fails to show significant improvement in symptoms or disability level despite receiving nonsurgical management for 3 months.

### Non-Indications

➔ **MRI** is not considered appropriate if **ANY** of the following is **TRUE**[11]:

- ◆ Non-compatible implanted devices
- ◆ Metallic intraocular foreign bodies
- ◆ Claustrophobia

## Site of Service Criteria

Outpatient

## Procedure Codes (HCPCS/CPT)

| HCPCS Code | Code Description/Definition |
|---|---|
| 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 |
| 73719 | MRI scan of leg with contrast |
| 73720 | MRI scan of leg before and after contrast |
| 73722 | MRI scan of leg joint with contrast |
| 73723 | MRI scan of leg joint before and after contrast |
| 72196 | MRI scan of pelvis with contrast |
| 72197 | MRI scan of pelvis before and after contrast |

***Service: Computed Tomography (CT)***

## General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Computed tomography (CT) can help delineate bony anatomy. It is not helpful for evaluating cartilage or labral pathology.
- **Exclusions:** None.

## Medical Necessity Criteria

### Indications

➔ **CT** is considered appropriate if **ALL** of the following are **TRUE**:

- The patient has **ANY** positive findings from:
  - Clinical presentation
  - Typical physical exam findings
- MRI is nonindicated.
- Enhanced imaging of the bony anatomy of the hip is required for preoperative planning.
- The radiograph is non-diagnostic.
- The radiograph indicates FAI.

### Non-Indications

None.

## Site of Service Criteria

Outpatient

## Procedure Codes (HCPCS/CPT)

| HCPCS Code | Code Description/Definition |
|---|---|
| 73700 | CT of lower extremity |
| 73701 | CT scan leg with contrast injection |
| 73702 | CT scan of leg before and after contrast injection |
| 72192 | CT scan pelvis |
| 72193 | CT scan pelvis with contrast |
| 72194 | CT scan of pelvis before and after contrast |

# Non-Surgical Management

***Service: Intra-articular Injection***

## General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Pain relief from an intra-articular hip injection supports a diagnosis of FAI.[8]
- **Exclusions:** None.

## Medical Necessity Criteria

### Indications

➔ **Intra-articular injections** may be medically appropriate if **ALL** of the following are **TRUE**:

◆ The patient has **ANY** positive findings from:

- Clinical presentation list
- Typical physical exam findings list

### Non-Indications

None.

## Site of Service Criteria

Outpatient

## Procedure Codes (HCPCS/CPT)

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

# Surgical Management

***Service: Arthroscopic Labral Debridement***

## General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Labral repair techniques have demonstrated superior results than debridement.[12] There is a limited role for debridement with a potential for a high conversion rate to hip arthroplasty. This procedure may be appropriate in select cases.
- **Exclusions:** None.

## Medical Necessity Criteria

### Indications

➔ **Debridement** is considered appropriate if **ALL** of the following are **TRUE:**

- ◆ The patient has **ANY** positive findings from:
  - Clinical presentation
  - Typical physical exam findings
- ◆ The patient fails to show significant improvement in symptoms or disability level despite receiving nonsurgical management for 3 months.
- ◆ The patient has **ANY** of the following advanced imaging findings[13]:
  - No significant underlying structural abnormalities
  - No advanced degenerative osteoarthritis
  - Labral degeneration

### Non-Indications

None.

## Site of Service Criteria

Outpatient

## Procedure Codes (HCPCS/CPT)

| HCPCS Code | Code Description/Definition |
|---|---|
| 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;<br>Surgical arthroscopy of hip with debridement of articular cartilage, abrasion arthroplasty, and resection of labrum;<br>Surgical arthroscopy of hip with debridement of articular cartilage, and abrasion arthroplasty;<br>Surgical arthroscopy of hip with shaving of articular cartilage, abrasion arthroplasty, and resection of labrum |

***Service: Arthroscopic Labral Repair***

## General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Labral repair techniques have superior results than debridement.[12] Labral repair may benefit patients with recurrent hip instability, particularly after trauma. The torn labrum can be reattached to the acetabulum using suture anchors or other techniques.
- **Exclusions:** None.

## Medical Necessity Criteria

### Indications

➔ **Labral repair** is considered appropriate if **ANY** of the following is **TRUE**:
- ◆ The patient has **ANY** positive findings from
  - Clinical presentation
  - Typical physical exam findings
- ◆ The patient fails to show significant improvement in symptoms or disability level despite receiving nonsurgical management for 3 months.
- ◆ The patient has **ALL** of the following advanced imaging findings[13]:
  - **ANY** of the following:
    - ○ No significant underlying structural abnormalities.
    - ○ No advanced degenerative osteoarthritis.
  - The labral tear is repairable.

### Non-Indications

➔ **Labral repair** is not considered appropriate if **ANY** of the following is **TRUE**:
- ◆ Advanced imaging shows a severely damaged labrum that would be impossible to repair
- ◆ Advanced imaging shows advanced osteoarthritis

## Site of Service Criteria

Outpatient

## Procedure Codes (HCPCS/CPT)

| HCPCS Code | Code Description/Definition |
|---|---|

| | |
|---|---|
| 29861 | Surgical arthroscopy of hip with removal of foreign body;<br>Surgical arthroscopy of hip with removal of loose body |
| 29916 | Surgical arthroscopy of hip with labral repair |

***Service: Arthroscopic or Open Osteochondroplasty***

## General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Osteochondroplasty of the hip removes the bone and overlying cartilage from the acetabulum and the femoral neck that all contribute to FAI. This procedure can be performed arthroscopically or as an open procedure.[14]
- **Exclusions:** None.

## Medical Necessity Criteria

### Indications

➔ **Osteochondroplasty** is considered appropriate if **ALL** of the following are **TRUE**[14]**:**

- ◆ The patient has **ANY** positive findings from:
  - Clinical presentation
  - Typical physical exam findings
- ◆ The patient fails to show significant improvement in symptoms or disability level despite receiving nonsurgical management for 3 months.
- ◆ The advanced imaging indicates FAI.
- ◆ There is no evidence of advanced degenerative osteoarthritis.

### Non-Indications

None.

## Site of Service Criteria

None.

## Procedure Codes (HCPCS/CPT)

| HCPCS Code | Code Description/Definition |
|---|---|
| 29861 | Surgical arthroscopy of hip with removal of foreign body; Surgical arthroscopy of hip with removal of loose body |
| 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 |

***Service: Periacetabular Osteotomy/Surgical Dislocation***

## General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Periacetabular osteotomy treats developmental hip deformities. The goal is to improve the pathomechanics of the hip joint and delay the development of degenerative arthritis. This procedure may be indicated for a retroverted acetabulum. A trochanteric osteotomy may be performed with surgical hip dislocation.[14]
- **Exclusions:** None.

## Medical Necessity Criteria

### Indications

➔ **Periacetabular osteotomy** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ The patient has **ANY** positive findings from:
  - Clinical presentation
  - Typical physical exam findings
- ◆ The patient fails to show significant improvement in symptoms or disability level despite receiving nonsurgical management for 3 months
- ◆ The patient has **ANY** of the following[14]:
  - Bony morphology that prevents arthroscopic treatment
  - Surgical dislocation of the hip is indicated to treat intra-articular and bony pathology.
- ◆ No evidence of advanced degenerative osteoarthritis.
- ◆ Advanced imaging indicates FAI.

### Non-Indications

None.

## Site of Service Criteria

None.

## Procedure Codes (HCPCS/CPT)

| HCPCS Code | Code Description/Definition |
|---|---|
| 27146 | Osteotomy of acetabular bone; Osteotomy of iliac bone; Osteotomy of innominate bone |
| 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 anticoagulation therapy secondary to bleeding | | | Preoperative consultation with hematologist or internist |
| **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 the timing, duration, and frequency of postoperative physical therapy 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:** The first line of treatment should be land-based. If land-based is not working, patients can try aquatic exercises. Physical therapy, including land-based or aquatic exercise and strengthening, is recommended for all patients with symptomatic labral injuries or FAI.[13]
- **Exclusions:** None.

## Medical Necessity Criteria

### Indications

➔ **Physical therapy** is considered appropriate if **ALL** of the following are **TRUE**[13]:

- ◆ The patient underwent surgical treatment for FAI or hip labrum.

### 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;<br>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;<br>Self-care management training, direct one-on-one contact, each 15 minutes |
| 97537 | Community reintegration training, direct one-on-one contact, each 15 minutes;<br>Work reintegration training, direct one-on-one contact, each 15 minutes |
| 97542 | Wheelchair management, each 15 minutes |
| 97545 | Work conditioning, initial 2 hours;<br>Work hardening, initial 2 hours |
| 97546 | Work conditioning, each additional hour;<br>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;<br>Initial prosthetic training of lower extremity, each 15 minutes<br>Initial prosthetic training of upper and lower extremities, each 15 minutes;<br>Initial prosthetic training of upper extremities, each 15 minutes;<br>Initial prosthetic training of upper extremity, each 15 minutes |
| 97763 | Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes<br>Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes<br>Subsequent orthotic management and training of lower extremity, each 15 minutes<br>Subsequent orthotic management and training of upper and lower extremities and trunk, each 15 minutes<br>Subsequent orthotic management and training of upper extremities and trunk, each 15 minutes<br>Subsequent orthotic management and training of upper extremities, each 15 minutes<br>Subsequent orthotic management and training of upper extremity and trunk, each 15 minutes<br>Subsequent orthotic management and training of upper extremity, each 15 minutes<br>Subsequent orthotic management of lower extremities and trunk, each 15 minutes<br>Subsequent orthotic management of lower extremity and trunk, each 15 minutes<br>Subsequent orthotic management of lower extremity, each 15 minutes<br>Subsequent orthotic management of upper and lower extremities and trunk, each 15 minutes<br>Subsequent orthotic management of upper extremities and trunk, each 15 minutes<br>Subsequent orthotic management of upper extremities, each 15 minutes<br>Subsequent orthotic management of upper extremity and trunk, each 15 minutes<br>Subsequent orthotic management of upper extremity, each 15 minutes |

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|---|---|
| | Subsequent orthotic training of lower extremity, each 15 minutes<br>Subsequent orthotic training of upper and lower extremities and trunk, each 15 minutes<br>Subsequent orthotic training of upper extremities and trunk, each 15 minutes<br>Subsequent orthotic training of upper extremities, each 15 minutes<br>Subsequent orthotic training of upper extremity and trunk, each 15 minutes<br>Subsequent orthotic training of upper extremity, each 15 minutes<br>Subsequent prosthetic management and training of lower extremities and trunk, each 15 minutes<br>Subsequent prosthetic management and training of lower extremity and trunk, each 15 minutes<br>Subsequent prosthetic management and training of lower extremity, each 15 minutes<br>Subsequent prosthetic management and training of upper and lower extremities and trunk, each 15 minutes<br>Subsequent prosthetic management and training of upper extremities and trunk, each 15 minutes<br>Subsequent prosthetic management and training of upper extremities, each 15 minutes<br>Subsequent prosthetic management and training of upper extremity and trunk, each 15 minutes<br>Subsequent prosthetic management and training of upper extremity, each 15 minutes<br>Subsequent prosthetic management of lower extremities and trunk, each 15 minutes<br>Subsequent prosthetic management of lower extremity and trunk, each 15 minutes<br>Subsequent prosthetic management of lower extremity, each 15 minutes<br>Subsequent prosthetic management of upper and lower extremities and trunk, each 15 minutes<br>Subsequent prosthetic management of upper extremities and trunk, each 15 minutes |

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|---|---|
| | Subsequent prosthetic management of upper extremities, each 15 minutes<br>Subsequent prosthetic management of upper extremity and trunk, each 15 minutes<br>Subsequent prosthetic management of upper extremity, each 15 minutes<br>Subsequent prosthetic training of lower extremity, each 15 minutes<br>Subsequent prosthetic training of upper and lower extremities and trunk, each 15 minutes<br>Subsequent prosthetic training of upper extremities and trunk, each 15 minutes<br>Subsequent prosthetic training of upper extremities, each 15 minutes<br>Subsequent prosthetic training of upper extremity and trunk, each 15 minutes<br>Subsequent prosthetic training of upper extremity, each 15 minutes<br>Subsequent orthotic management and training of lower extremities, each 15 minutes<br>Subsequent orthotic management of lower extremities, each 15 minutes<br>Subsequent orthotic training of lower extremities and trunk, each 15 minutes<br>Subsequent orthotic training of lower extremities, each 15 minutes<br>Subsequent orthotic training of lower extremity and trunk, each 15 minutes<br>Subsequent prosthetic management and training of lower extremities, each 15 minutes<br>Subsequent prosthetic management of lower extremities, each 15 minutes<br>Subsequent prosthetic training of lower extremities and trunk, each 15 minutes<br>Subsequent prosthetic training of lower extremities, each 15 minutes<br>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.
- **Exclusions:** None.

## Medical Necessity Criteria

### Indications

➔ **Home health care** may be 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 surgical treatment for FAI or hip labrum.

### 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: Inpatient Rehabilitation***

## General Guidelines

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

## Medical Necessity Criteria

### Indications

➔ **Post-acute inpatient rehabilitation** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ The patient has **2 or more** of the following:
  - 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 knee arthroplasty or osteotomy.

### Non-Indications

None.

## Site of Service Criteria

Inpatient

## Procedure Codes (HCPCS/CPT)

| HCPCS Code | Code Description/Definition |
|---|---|
| 97799 | Physical medicine service |

***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 are **TRUE**:

- ◆ The patient has **2 or more** of the following:
  - 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 knee arthroplasty or osteotomy.

### Non-Indications

None.

## Site of Service Criteria

Skilled nursing facility (SNF)

## 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 |

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|---|---|
| | 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 |

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| | 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 |

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# Clinical Guideline Revision History/Information

| Original Date: May 22, 2020 | |
|---|---|
| **Review History** | |
| November 2, 2021 (V.2) | Reviewing Physician: Dr. Akilesh Sastry<br>Approving Physician: Dr. Brian Covino |
| December 29, 2022 (V.3) | Reviewing Physician: Dr. Akilesh Sastry<br>Approving Physician: Dr. Traci Granston |