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Medicare Advantage Policy Manual

Policy ID: M-SUR160

Femoroacetabular Impingement (FAI) Surgery

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

Surgery for femoroacetabular impingement (FAI) reshapes the misshapen head of the femur and/or the acetabulum as an alternative to total hip replacement or hip resurfacing. It can be done as an open or arthroscopically. Other terms that may be used for FAI include, but may not be limited to, acetabular rim syndrome, acetabular retroversion, pistol grip deformity of the proximal femur, and bone spurs of the hip.

Terms which may be used to describe FAI *surgery* include hip decompression, joint preserving surgery, resection osteoplasty, osteotomy (periacetabular for reorientation of a retroverted acetabulum, trochanteric or intertrochanteric), and hip debridement. However, it should be noted these terms apply to other orthopedic operative procedures as well.

MEDICARE ADVANTAGE POLICY CRITERIA

Note: This policy addresses femoroacetabular impingement (FAI) and does not address acetabular dysplasia, considered a part of developmental dysplasia of the hip (DDH), formerly described as congenital hip dislocation.

CMS Coverage Manuals*	None
National Coverage Determinations (NCDs)*	None
Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles*	None
Medical Policy Manual	<p><i>Medicare coverage guidance is not available for FAI surgery. Therefore, the health plan's medical policy is applicable. See also the health plan's medical policy for capsular plication, capsular repair, labral reconstruction, iliotibial band windowing, trochanteric bursectomy, abductor muscle repair, and/or iliopsoas tenotomy, when performed at the time of any FAI surgery.</i></p> <p>Femoroacetabular Impingement Surgery, Surgery, Policy No. 160 (see "NOTE" below)</p>

NOTE: According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an **objective, evidence-based process, based on authoritative evidence**. ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Procedure(s) to be performed (including any additional procedure anticipated to be done, such as capsular plication or repair, labral reconstruction, iliotibial band windowing, trochanteric bursectomy, abductor muscle repair, or iliopsoas tenotomy);
- History and physical must include documentation of symptoms, including response to conservative therapy (i.e., activity modification, restriction of certain athletic pursuits, etc.);
- Imaging documenting morphology indicative of cam-type or pincer-type FAI (conventional x-rays, MRI, MRI arthrogram);

- Documentation of presence or absence of advanced osteoarthritis and/or severe chondral damage.

REGULATORY STATUS

Surgical treatment of femoroacetabular impingement is a procedure and, therefore, is not subject to regulation by the U.S. Food and Drug Administration (FDA).

CROSS REFERENCES

None

REFERENCES

None

CODING

NOTES:

- There is **no** specific CPT code for **open** femoroacetabular impingement (FAI) surgery, and therefore, the appropriate code for reporting this procedure is the unlisted code 27299.
- There **are** specific CPT codes for **arthroscopic** treatment of FAI (CPT 29914-29916), and these codes should be used accordingly. CPT codes 29862 and 29863 are for arthroscopic surgery on the articular cartilage, labrum, and/or synovium of the hip joint, not for repair of FAI pathology and, therefore, should not be used to report arthroscopic FAI surgery.

Codes	Number	Description
CPT	27299	Unlisted procedure, pelvis or hip joint
	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
	29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
	29916	Arthroscopy, hip, surgical; with labral repair
HCPCS	None	

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.