Clinical Review Criteria

Hip Surgery Procedures for Femoroacetabular Impingement Syndrome

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Criteria

For Medicare Members

<table>
<thead>
<tr>
<th>Source</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Coverage Manuals</td>
<td>None</td>
</tr>
<tr>
<td>National Coverage Determinations (NCD)</td>
<td>None</td>
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<tr>
<td>Local Coverage Determinations (LCD)</td>
<td>None</td>
</tr>
<tr>
<td>KPWA Medical Policy</td>
<td>Due to the absence of a NCD, LCD, or other coverage guidance, KPWA has chosen to use their own Clinical Review Criteria, “Hip Surgery Procedures for Femoroacetabular Impingement Syndrome” for medical necessity determinations. Use the Non-Medicare criteria below.</td>
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</tbody>
</table>

For Non-Medicare Members

There is insufficient evidence in the published medical literature to show that this service/therapy is as safe as standard services/therapies and/or provides better long-term outcomes than current standard services/therapies.

The following information was used in the development of this document and is provided as background only. It is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Femoroacetabular impingement (FAI) syndrome is a recently recognized diagnosis in primarily younger individuals where relatively minor abnormalities in the joint (orientation or morphology) are thought to cause friction/impingement and pain. It is theorized that FAI starts the breakdown of cartilage, leading to osteoarthritis. There are two types of FAI: cam impingement (non-spherical femoral head or abnormality at the head-neck junction) and pincer impingement (deep or retroverted acetabulum resulting in over coverage of the femoral head). Proponents believe that surgical correction of the impinging deformities will alleviate the symptoms and retard the progression of OA degeneration. Surgery to correct FAI includes arthroscopy, open dislocation of the hip, and arthroscopy combined with a mini-open approach. The purpose of the surgery is to remove abnormal outgrowths of bone and damaged cartilage, and to reshape the femoral neck to ensure that there is sufficient clearance between the rim of the acetabulum and the neck of the femur.

Medical Technology Assessment Committee (MTAC)

Femoroacetabular Impingement Syndrome

06/17/2013: MTAC REVIEW

Evidence Conclusion: There is no new evidence that would change or add to the recommendations of the HTA review as regards the conservative or surgical treatment of femoroacetabular impingement. The results of these non-randomized observational studies as well as other published retrospective series with or without a comparison group should be interpreted with caution. Due to the nature of the study design, they are subject to selection bias, observation bias, confounding and other limitations, and only provide the lowest grade of evidence.
Articles: Larson CM, Giveans R, Stone RM, et al. Arthroscopic debridement versus refixation of the acetabular labrum associated with femeroacetabular impingement. Mean 3.5–year follow-up. *Am J Sports Med.* 2012; 40:1015-1021. Larson and colleagues (2012) reported on outcomes of two cohorts of patients with femeroacetabular impingement who were treated with either arthroscopic debridement or refixation of the acetabular labrum in one center, but at different time periods. The mean follow-up ranged between 24 and 72 months with a mean of 42 months. The results indicate that the labral fixation was associated with better Harris Hip Scores (HHS), Short Form-12 (SF-12) and visual analog scale (VAS) for pain outcomes compared to arthroscopic focal debridement. Zingg PO, Ulbrich EJ, Buehler TC, et al. Surgical hip dislocation versus hip arthroscopy for femeroacetabular impingement. Clinical and morphological short-term results. *Arch Orthop Trauma Surg.* 2013; 133:69-79. Zingg and colleagues (2013) compared surgical hip dislocation versus hip arthroscopy in 38 patients presenting with clinically FAI that was morphologically verified with plain radiographs and MRI. In 28 of the 38 participants the selection of the procedure was based on the patient’s decision, and only 10 agreed to be randomly allocated to either procedure. There were statistically significant differences in the morphological pathology (in terms of acetabular coverage angle, and head-neck offset ratio) between the two groups at baseline. The primary outcome of the study was the alpha angle on a cross-table view. The results of the study showed that patients in the hip arthroscopy group had faster recovery and better short-term outcomes compared to those treated with surgical hip dislocation. However, the hip arthroscopy showed some overcorrection of the cam deformity and limited frequency of labrum refixations, which the authors indicate that they may lead to negative impact on long-term outcomes.

The use of FIS does not meet the Kaiser Permanente Medical Technology Assessment Criteria.

### Date Created | Date Reviewed | Date Last Revised
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08/06/2013 | 02/04/2013<sup>MP<sub>C</sub></sup>, 12/02/2014<sup>MP<sub>C</sub></sup>, 10/06/2015<sup>MP<sub>C</sub></sup>, 08/02/2016<sup>MP<sub>C</sub></sup>, 06/06/2017<sup>MP<sub>C</sub></sup>, 04/03/2018<sup>MP<sub>C</sub></sup>, 04/02/2019<sup>MP<sub>C</sub></sup> | 02/04/2013

<sup>MP<sub>C</sub></sup> Medical Policy Committee

### Revision History
- **06/06/2017** Adopted KP policy for Medicare members

### Codes
- CPT: 27299