



**Kaiser Foundation Health Plan
of Washington**

**Clinical Review Criteria
Hip Arthroscopy**

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Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article (LCA)	None
Kaiser Permanente Medical Policy	Due to the absence of an active NCD, LCD, or other coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, " Hip Arthroscopy ," for medical necessity determinations. Use the Non-Medicare criteria below.

For Non-Medicare Members

Service	Criteria
Hip Arthroscopy	<p>Effective until February 1st, 2025 Medical necessity review not required</p> <p>Effective February 1st, 2025</p> <p>Reviewed for Site of Care/Level of Care AND Kaiser Permanente has elected to use the MCG* Hip Arthroscopy KP-S-572 02012025 for medical necessity determinations.</p>

***MCG manuals are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363 or access the MCG Guideline Index using the link provided above.

If requesting this service (or these services), please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Hip arthroscopy is a minimally invasive surgical procedure that allows surgeons to view the hip joint without making a large incision through skin and other soft tissues. Using a small camera called an arthroscope, hip arthroscopy is used to diagnose and treat a wide range of hip problems.

The hip joint is a ball-and-socket joint. The top of the femur (thighbone) is the ball that rests in the acetabulum (socket) which creates a smooth frictionless surface that helps the bones glide easily across each other. The acetabulum is surrounded by strong fibrocartilage called the labrum, bands of tissue called ligaments, and a thin membrane called the synovium. The labrum supports the joint by creating stability. The ligaments hold the joint together. The synovium produces synovial fluid that lubricates the hip joint.

Hip arthroscopy may be recommended when there is a painful condition that does not respond to conservative, non-surgical treatment. Non-surgical treatment includes the use of medication, rest, heat or cool therapy, physical therapy or injections to reduce inflammation. (Alaia et al., 2022)

References

Alaia, Mi. J., Byrd, J. W. T., Throckmorton, T. W., Wilderson, R., & Fischer, S. J. (2022, October). Hip arthroscopy - orthoinfo - AAOS. OrthoInfo. <https://orthoinfo.aaos.org/en/treatment/hip-arthroscopy/>

Applicable Codes

Considered Medically Necessary when criteria in the applicable policy statements listed above are met
Effective February 1st, 2025 reviewed for MNR and SOC/level of care

CPT® or HCPC Codes	Description
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863	Arthroscopy, hip, surgical; with synovectomy
27299	Unlisted procedure, pelvis or hip joint
29916	Arthroscopy, hip, surgical; with labral repair
29999	Unlisted procedure, arthroscopy

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed	Date Last Revised
09/03/2024	09/03/2024 ^{MPC} ,	09/03/2024

^{MPC} Medical Policy Committee

Revision History	Description
09/03/2024	MPC approved to adopt coverage for Hip Arthroscopy using KP-S-572 02012025 for medical necessity determinations. 60-day notice is required; effective February 1, 2025.