

Kaiser Foundation Health Plan of Washington

Clinical Review Criteria Sports Hernia Surgery

Athletic Pubalgia Surgery

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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	None
Kaiser Permanente Medical Policy	Due to the absence of a NCD, LCD, or other coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, <i>Sports Hernia Surgery</i> for medical necessity determinations. Use the Non-Medicare criteria below.

For Non-Medicare Members

Surgical treatment of groin pain in athletes (also known as athletic pubalgia, Gilmore groin, osteitis pubis, pubic inguinal pain syndrome, inguinal disruption, slap shot gut, sportsmen groin, footballers groin injury complex, hockey groin syndrome, athletic hernia, sports hernia, or core muscle injury) is unproven and not medically necessary due to insufficient evidence.

If requesting review for this service, please send the following documentation:

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

The incidence of groin pain among athletes is estimated to be from 2% to 20%; however, the incidence in the general population is unknown. Groin hernias and hip joint pathologic findings are common and often considered; once ruled out by physical examination with or without imaging, the differential diagnoses and workup of groin pain is confounding to many practitioners. This ambiguous nature of non-hernia, non-hip groin pain is understandable because routine physical examination often only reveals groin tenderness, and imaging may or may not have abnormalities. Most of the literature written about the subject are case series or opinions. Many of these case series only involve professional male athletes, and the reported end points are often: return to sport, time to return to sport, or level of sport. Thus, the level of evidence of the studies is low quality, and the findings may not be applicable to the general population.

In the acute setting, pain is treated with rest (2-8 weeks) and nonsteroidal anti-inflammatory drugs. If pain continues, the mainstay of initial therapy is physical rehabilitation. Nonoperative, exercise-based therapy has

been suggested to be an effective first-line therapy, with treatment success ranging from 40% to 100%. Some report that among individuals with greater than 2 months of pain, resolution is unlikely without surgery. Multiple operative approaches have been used. Although there are numerous single-center case series and several meta-analyses, there are no high-quality trials evaluating operative approaches.

Reference

Zuckerbraun BS, Cyr AR, Mauro CS. Groin Pain Syndrome Known as Sports Hernia: A Review. *JAMA Surg.* 2020;155(4):340–348. doi:10.1001/jamasurg.2019.5863. Retrieved May 19, 2020.

Applicable Codes

Considered Not Medically Necessary - experimental, investigational or unproven:

CPT® Codes	Description	
No specific codes		

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

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Date	Date Reviewed	Date Last
Created		Revised
06/02/2020	06/01/2021 ^{MPC} , 06/07/2022 ^{MPC} , 06/06/2023 ^{MPC}	06/02/2020

MPC Medical Policy Committee

Revision History	Description
06/02/2020	MPC approved to adopt a new policy of non-coverage. Requires 60-day notice, effective 10/1/2020.

^{**}To verify authorization requirements for a specific code by plan type, please use the Pre-authorization Code Check.