Oregon Health Plan Prioritized List Changes
Femoroacetabular Impingement Syndrome

The Health Evidence Review Commission approved the following changes to the Prioritized List of Health Services on January 9, 2014 based on the approved coverage guidance, "Hip Surgery Procedures For Femoroacetabular Impingement Syndrome." The changes will take effect for the Oregon Health Plan on April 1, 2014.

New guideline note:

GUIDELINE NOTE: FEMOROACETABULAR IMPINGEMENT SYNDROME
Line 384
ICD-9 719.85 (Other specified disorders of joint, pelvic region and thigh)/ICD-10 M25.85x (Other specified joint disorders, hip), ICD-9 718.05 (Articular cartilage disorder, pelvic region and thigh)/ICD-10 M24.15x (Other articular cartilage disorders, hip) and CPT codes 29914-29916 (Arthroscopy, hip, surgical) are included on line 384 only for the diagnosis and treatment of femoroacetabular impingement syndrome.

Surgery for femoroacetabular impingement syndrome is included on this line only for patients who meet all of the following criteria:

1) Adult patients, or adolescent patients who are skeletally mature with documented closure of growth plates; and
2) Other sources of pain have been ruled out (e.g., lumbar spine pathology, SI joint dysfunction, sports hernia); and
3) Pain unresponsive to physical therapy and other non-surgical management and conservative treatments (e.g., restricted activity, cortisone injections, nonsteroidal anti-inflammatory drugs) of at least three months duration, or conservative therapy is contraindicated; and
4) Moderate-to-severe persistent hip or groin pain that significantly limits activity and is worsened by flexion activities (e.g., squatting or prolonged sitting); and
5) Positive impingement sign (i.e., sudden pain on 90 degree hip flexion with adduction and internal rotation or extension and external rotation); and
6) Radiographic confirmation of FAI (e.g., pistol-grip deformity, alpha angle greater than 50 degrees, coxa profunda, and/or acetabular retroversion); and
7) Do not have advanced osteoarthritis (i.e., Tönnis* grade 2 or 3) and/or severe cartilage damage (i.e., Outerbridge* grade III or IV).