

# Surgery of the Hip (for Ohio Only)

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[Instructions for Use](#)

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| Related Policies |
|------------------|
| None             |

## Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

## Coverage Rationale

**Surgery of the hip and surgical treatment for [Femoroacetabular Impingement \(FAI\) Syndrome](#) is proven and medically necessary in certain circumstances.** For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures:

- Arthroscopy, Diagnostic, +/- Synovial Biopsy, Hip
- Arthroscopy, Surgical, Hip
- Arthroscopy, Surgical, Hip (Pediatric)
- Arthrotomy, Hip
- Hemiarthroplasty, Hip
- Removal and Replacement, Total Joint Replacement (TJR), Hip
- Total Joint Replacement (TJR), Hip

[Click here to view the InterQual® criteria.](#)

## Medical Records Documentation Used for Reviews

Benefit coverage for health services is determined by the federal, state, or contractual requirements, and applicable laws that may require coverage for a specific service. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the services requested.

The patient's medical record must contain documentation that fully supports the medical necessity for the requested services. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request.

# Definitions

**Disabling Pain:** Western Ontario and McMaster Universities Arthritis Index (WOMAC) pain domain > 40 (Quintana, 2009).

**Femoroacetabular Impingement (FAI) Syndrome:** FAI occurs because of either 1) hip formation at birth or 2) bone overgrowth (bone spurs) around the femoral head and/or along the acetabulum causing abnormal contact between the hip bones preventing them from moving smoothly during activity. Over time, this may result in tears in the labrum and the breakdown of articular cartilage (osteoarthritis) causing pain and stiffness, limited internal hip rotation, limping, and joint damage (Witstein et al., 2024; Agricola et al., 2024). There are three types of FAI:

- **Pincer:** This type of impingement occurs when extra bone extends out over the normal rim of the acetabulum. The labrum can be crushed under the prominent rim of the acetabulum (i.e., radiographic evidence of FAI by imaging includes: over coverage of the femoral head by the acetabulum with resultant pistol-grip deformity or the lateral center edge angle of greater than 40 degrees, or coxa profunda, or acetabular retroversion) (Witstein et al., 2024; Pun et al., 2015).
- **Cam:** In Cam-type impingement, the femoral head is not round and cannot rotate smoothly inside the acetabulum. A bone spur forms on the edge of the femoral head that grinds the cartilage inside the acetabulum (i.e., radiographic evidence of FAI by imaging includes: the loss of sphericity of the femoral head with resultant bony prominence or alpha angle greater than 50 degrees) (Witstein et al., 2024; Pun et al., 2015).
- **Combined (Mixed):** Combined impingement means that both the Pincer and Cam types are present (Witstein et al., 2024).

**Functional Disability:** Western Ontario and McMaster Universities Arthritis Index (WOMAC) functional limitation domain > 40 (Quintana, 2009).

**Hip Dysfunction and Osteoarthritis Outcome Score (HOOS):** The Hip Dysfunction and Osteoarthritis Outcome Score (HOOS) is a self-administered hip-specific questionnaire intended to evaluate symptoms and functional limitations, and it is commonly used to evaluate interventions in individuals with hip dysfunction or hip osteoarthritis. The HOOS consists of 43 questions in five subscales: pain, symptoms, function in daily living, function in sport and recreation and hip-related quality of life (Nilsson, 2011).

**International Hip Outcome Tool (iHOT-33):** A reference instrument among the Patient-Reported Outcome Measures (PROMs) to assess people with hip disorders, including Femoroacetabular Impingement (FAI) Syndrome. The iHOT-33 consists of four subscales: 1) symptoms and functional limitations (iHOT-Symptoms; 16 items), 2) sports and recreational physical activity (iHOT-Sport; 6 items), 3) job-related concerns (iHOT-Job; 4 items), and 4) social, emotional, and lifestyle concerns (iHOT-Social; 7 items). Each item can be answered from 0 to 100 points and the final score is the sum of points divided by 33 (Bissani Gasparin et al., 2022).

## Outerbridge Grades:

- Grade 0: Normal
  - Grade I: Cartilage with softening and swelling
  - Grade II: Partial-thickness defect with fissures on the surface that do not reach subchondral bone or exceed 1.5 cm in diameter
  - Grade III: Fissuring to the level of subchondral bone in an area with a diameter more than 1.5 cm
  - Grade IV: Exposed subchondral bone head
- (Slattery, 2018)

**Radiographic Findings of Osteoarthritis:** Narrowing of joint space, osteophyte formation, subchondral sclerosis, subchondral cysts, deformity of bony end-plates, and thinning or complete loss of articular cartilage (ACR, 2025).

## Tönnis Classification of Osteoarthritis by Radiographic Changes:

- Grade 0: No signs of osteoarthritis (OA)
  - Grade 1: Increased sclerosis of femoral head or acetabulum, slight joint space narrowing or slight slipping of joint margin, no or slight loss of head sphericity
  - Grade 2: Small cysts in femoral head or acetabulum, moderate joint space narrowing, moderate loss of head sphericity
  - Grade 3: Large cysts, severe joint space narrowing or obliteration of joint space, severe deformity of the head, avascular necrosis
- (Kovalenko, 2018)

**Western Ontario and McMaster Universities Arthritis Index (WOMAC):** The WOMAC is a disease-specific, self-administered questionnaire developed to evaluate patients with hip or knee osteoarthritis. It uses a multi-dimensional scale composed of 24 items grouped into three dimensions: pain, stiffness, and physical function (Quintana, 2009).

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| CPT Code   | Description  |
|--|--|
| <b>Arthroscopy, Diagnostic, +/- Synovial Biopsy, Hip</b>           |  |
| 29860  | Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)  |
| <b>Arthroscopy, Surgical, Hip</b>                                  |  |
| 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   |
| <b>Arthrotomy, Hip</b>   |  |
| 27120  | Acetabuloplasty (e.g., Whitman, Colonna, Haygroves, or cup type)   |
| <b>Femoroacetabular Impingement (FAI) Syndrome</b>                 |  |
| 27299  | Unlisted procedure, pelvis or hip joint (i.e., capsular plication, gluteal tendon repair)  |
| 29914  | Arthroscopy, hip, surgical; with femoroplasty (i.e., treatment of cam lesion)  |
| 29915  | Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)  |
| 29916  | Arthroscopy, hip, surgical; with labral repair   |
| 29999  | Unlisted procedure, arthroscopy (i.e., capsular plication, gluteal tendon repair)  |
| <b>Hemiarthroplasty, Hip</b>                                       |  |
| 27125  | Hemiarthroplasty, hip, partial (e.g., femoral stem prosthesis, bipolar arthroplasty)   |
| <b>Removal and Replacement, Total Joint Replacement (TJR), Hip</b> |  |
| 27130  | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft          |
| 27132  | Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft   |
| 27134  | Revision of total hip arthroplasty; both components, with or without autograft or allograft  |
| 27137  | Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft  |
| 27138  | Revision of total hip arthroplasty; femoral component only, with or without allograft  |

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| HCPCS Code | Description   |
|------------|---|
| S2118      | Metal-on-metal total hip resurfacing, including acetabular and femoral components |

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Surgeries of the hip are procedures and, therefore, not regulated by the FDA. However, devices and instruments used during the surgery may require FDA approval. Refer to the following website for additional information:

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed July 31, 2025)

## References

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- Bissani Gasparin G, Bartoluzzi Frasson V, Gassen Fritsch C, et al. (2022). Are the Harris Hip Score and the Hip Outcome Score valid patient-reported outcome measures for femoroacetabular impingement syndrome? *Brazilian Journal of Physical Therapy*, 26(4), 100422.
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- Nilsdotter A, Bremander A. Measures of hip function and symptoms: Harris Hip Score (HHS), Hip Disability and Osteoarthritis Outcome Score (HOOS), Oxford Hip Score (OHS), Lequesne Index of Severity for Osteoarthritis of the Hip (LISOH), and American Academy of Orthopedic Surgeons (AAOS) Hip and Knee Questionnaire. *Arthritis Care Res (Hoboken)*. 2011;63 Suppl 11:S200-S207.
- Ohio Administrative Code/5160/Chapter 5160-1-01. Medicaid medical necessity: definitions and principles. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-01>. Accessed January 12, 2026.
- Pun S, Kumar D, Lane NE. Femoroacetabular impingement. *Arthritis Rheumatol*. 2015 Jan;67(1):17-27.
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- Witstein JR, Mulcahey MK, Thomas Byrd JW. Orthoinfo: Femoracetabular impingement. American Academy of Orthopaedic Surgeons (AAOS). 2024 Apr.

## Policy History/Revision Information

| Date       | Summary of Changes  |
|------------|---|
| 04/01/2026 | <p><b>Definitions</b></p> <ul style="list-style-type: none"><li>Updated definition of “Radiographic Findings of Osteoarthritis”</li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version CS056OH.E</li></ul> |

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]) or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC) or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC) or contractual requirements for benefit plan coverage govern. Before using this policy, check the federal, state (OAC) or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Ohio Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines are intended to be used in

connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.