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2026 Hip Procedures

Musculoskeletal Procedures

MSK-HIP-HH

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Joint Surgery Overview

Total joint replacement (TJR) surgery is a common procedure to relieve pain and improve function in patients with severe joint damage. However, certain risk factors can increase the likelihood of complications and affect the overall outcome of the surgery. These risk factors include smoking, diabetes, high blood sugar and obesity.

Smoking is a significant risk factor for TJR. Nicotine and other chemicals in cigarettes can impair blood flow, reduce bone density and slow down the healing process. Smokers are more likely to experience complications such as infections, implant loosening and prolonged recovery times. Quitting smoking before surgery can improve outcomes and reduce the risk of complications.

The **American Academy of Orthopaedic Surgeons (AAOS)** recommends testing patients for evidence of smoking on the day of surgery using a **nicotine blood test** (eg, cotinine test). Cotinine, a metabolite of nicotine, can remain present in the blood for up to 10 days after nicotine usage. The AAOS also suggests utilizing a **Smoking Cessation Checklist** to document whether the patient is a current smoker or former smoker. They recommend patients quit smoking at least 6 weeks prior to elective surgical procedures and at least 6 weeks following the surgery. Providing patients with resources such as the **Quit Smoking Before Your Operation** guide can help them develop an action plan to quit.

Diabetes and **high blood sugar** levels also pose risks for TJR. Poorly controlled diabetes can lead to higher rates of postoperative infections, wound healing problems and joint loosening. Maintaining good glycemic control before and after surgery is crucial to minimize these risks. Studies have shown that patients with well-controlled diabetes have better surgical outcomes compared to those with uncontrolled diabetes.

Obesity is another important risk factor. Excess body weight puts additional stress on the joints, which can lead to complications during and after surgery. Obesity is associated with a higher risk of infection, implant failure, and longer hospital stays. Weight loss especially with those individuals with a Body Mass Index (BMI) of greater than 40 before surgery can help reduce these risks and improve the overall success of the procedure.

In summary, smoking, diabetes, high blood sugar and obesity are key risk factors that can impact the outcomes of total joint replacement surgery. Addressing these factors through lifestyle changes, medical management and preoperative optimization can help improve surgical outcomes and reduce the risk of complications.

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BlueCross and BlueShield of South Carolina

IMPORTANT
To locate the appropriate updated Clinical Policies for BlueCross and BlueShield of South Carolina, please go to: https://www.southcarolinablues.com/web/public/brands/sc/providers/policies-and-authorizations/medical-policies/

TIP
A National Coverage Determination (NCD) or Local Coverage Determination (LCD) may be necessary to review for Medicare participants. Please go to: https://www.cms.gov/medicare-coverage-database/search.aspx for the latest coverage determination information.

Internal Use Only

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2026 Hip Arthroplasty

Musculoskeletal Procedures

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Last Review Date: 03/09/2026
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Hip Arthroplasty Related National Coverage Determination (NCD)/Local Coverage Determination (LCD)

Please refer to https://www.cms.gov/medicare-coverage-database/search.aspx if applicable to the individual's healthplan membership.

Type/ID Number	Title
LCD 33456	Total Joint Arthroplasty
LCD 33618	Major Joint Replacement (Hip and Knee)

Type/ID Number	Title
LCD 34163	Total Hip Arthroplasty
LCD 36007	Lower Extremity Major Joint Replacement (Hip and Knee)
LCD 36039	Total Joint Arthroplasty

Clinical Judgment

These medical policies are designed to provide clinical guidance and do not supplant a provider's independent professional judgment. Physicians retain full and independent authority to determine appropriate care based on each patient's individual clinical circumstances. Although services may be subject to documentation requirements, medical necessity review, or coverage limitations, nothing in this policy is intended to restrict or interfere with a physician's independent medical judgment.

Hip Arthroplasty Contraindications

A hip arthroplasty is contraindicated when the documentation demonstrates **ANY** of the following:

- Allergy to medical treatment material
- Body mass index (BMI) is more than 50.
- Clinically **NOT** stable or comorbidities are **NOT** managed.
- Corticosteroid injection in the operative joint *within the 12 weeks before surgery*.
- Diabetes is **NOT** controlled (HbA1C greater than 8%).
- Drug dependency is **NOT** managed.
- Hypertension is **NOT** controlled.
- Infection, systematic or local, that is active, in active treatment or is ongoing.
- Nicotine/tobacco use within 6 weeks of surgery (nicotine/tobacco products includes cigar, cigarette, e-cigarette, nicotine pouch, smokeless tobacco or vape pen).

References: [37] [4] [8]

Hip Arthroplasty Revision Guideline

A revision of a hip arthroplasty is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. Prosthesis removal due to failure or periprosthetic joint infection.
2. Body Mass Index (BMI) is below 40 **OR** if above 40 weight-reduction of at least 10% is demonstrated before surgery.

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3. Exam findings demonstrate **ALL** of following:
    a. Hip joint is symptomatic or unstable (persistent severe disabling pain, function loss, instability).
    b. Clinical findings include **ANY** of the following:
        i. Loosening, aseptic
        ii. Prosthetic device component failure, instability or recall
        iii. Leg-length discrepancy is intolerable
        iv. Osteolysis
        v. Dislocation, instability or subluxation is recurrent.
        vi. Synovitis is symptomatic from known cause (eg, metalosis).

References: [37] [20] [45] [1] [42] [4]

Partial Hemiarthroplasty Guideline

A partial hip hemiarthroplasty is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. Body Mass Index (BMI) is below 40 **OR** if above 40 weight-reduction of at least 10% is demonstrated before surgery.
2. Traumatic hip injury
3. Clinical condition includes **ANY** of the following:
    a. Intracapsular fracture is non-displaced **AND** surgical fixation is **NOT** an option.
    b. Femoral neck or femoral head fracture is **ANY** of the following **AND** conservative management or surgical fixation is not an option:
        i. Comminuted
        ii. Completely displaced
        iii. Impacted
        iv. Partially displaced

***References*:** [37]

Total Hip Arthroplasty Guideline

An elective total hip arthroplasty (THA) is considered medically appropriate when the documentation demonstrates **ALL** of the following:

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1. Body Mass Index (BMI) is below 40 **OR** if above 40 weight-reduction of at least 10% is demonstrated before surgery.
2. Clinical condition includes:
    a. Osteoarthritis with **ANY** of the following:
        i. Advanced osteoarthritis (Tonnis grade 2 or 3)
        ii. Inflammatory arthropathy
        iii. Post-traumatic arthritis
        iv. Rheumatoid arthritis
3. Conservative therapy status with **ANY** of the following:
    a. Conservative therapy attempted including **ALL** of the following:
        i. Physical therapy (PT) program that is supervised by a licensed physical therapist, chiropractor or through tele-rehab physical therapy for *at least 6 weeks in the past 6 months* with **NO** improvement in symptoms or functional ability.
        ii. Treatment includes **ANY** of the following:
            A. Activity modification with protective weight-bearing **OR** use of a brace/orthotic.
            B. Corticosteroid injection, intraarticular
            C. Medication pain management (eg, NSAIDs, analgesics)
    b. **NO** conservative treatment for **ANY** of the following:
        i. Avascular Necrosis (AVN) **WITH** Ficat-Arlet stage IV collapse of femoral head
        ii. Bone-on-bone articulation demonstrated on x-ray, CT, MRI (eg., Kellgren-Lawrence Grade IV Hip Osteoarthritis)
        iii. Cancer / Bone tumors affecting hip
        iv. Dysplasia, developmental (adult)
        v. Fracture includes **ANY** of the following:
            A. Femoral head or proximal femur malunion/non-union fracture
            B. Femoral neck or femoral head) displaced or comminuted fracture
            C. Open reduction and internal fixation of previous hip fracture
4. Symptoms include **ANY** of the following:

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a. Hip pain with internal and/or external rotation

b. Range-of-motion (ROM) on affected side is limited

c. Gait is antalgic (abnormal walk pattern from pain causing a limp that is noted by the stance phase being shorter than the swing phase) **OR** Trendelenburg (abnormal gait from a defective hip abductor mechanism)

d. Contracture

e. Length is different for each leg

5. Hip pain *with* 12 weeks or more of function loss (eg, unable to perform usual activities of daily living [ADLs], painful weight-bearing, mechanical dysfunction). (ADLs include bathing, dressing, eating, toileting, etc.)

6. X-rays demonstrate **ANY** of the following advanced changes:

a. Avascular necrosis with Ficat-Arlet stage II pre-collapse or stage III collapse

b. Bone deformity defined as Tönnis grade III

c. Bone-on-bone articulation

d. Joint space narrowing that is severe.

References: [37] [45] [14] [20] [4] [33] [18]

Contraindications for Hip Resurfacing

Contraindications to hip resurfacing includes **ANY** of the following:

1. Acetabular dysplasia
2. Femoral dysplasia
3. Immunosuppression/chronic steroid use
4. Infection that is systemic.
5. Leg length discrepancy
6. Metal sensitivity/allergy
7. Renal insufficiency, moderate to severe chronic kidney disease (eGFR is less than 60)
8. Obesity is severe (BMI greater than 40)
9. Osteonecrosis involving greater than 50% of femoral head
10. Severe osteopenia or osteoporosis
11. Slipped capital femoral epiphysis
12. Skeletal immaturity

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13. Pregnancy

References: [56] [18] [44]

Hip Resurfacing Guideline

Hip resurfacing is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. Presence of an end-stage degenerative hip condition (e.g., avascular necrosis, inflammatory arthritis, osteoarthritis) and **ALL** of the following:
    a. Active lifestyle
    b. Age less than 55 years
    c. Femoral head bone stock is sufficient for resurfacing
    d. Femoral head size of 46.0 mm or more
    e. Candidate for total hip arthroplasty (would otherwise qualify for conventional THA).
2. Imaging for presurgical evaluation includes X-rays within the past 6 months
3. Treatment includes:
    a. Conservative therapy attempted including **ALL** of the following:
        i. Physical therapy (PT) program that is supervised by a licensed physical therapist, chiropractor or through tele-rehab physical therapy for at least 6 weeks in the past 6 months with **NO** improvement in symptoms or functional ability.
        ii. Pain management plan includes **EITHER** of the following:
            A. Medication with non-steroidal anti-inflammatory drugs (NSAIDS) for at least 4 weeks.
            B. Non-medication pain management interventions attempted (eg, ice/ heat, exercises, weight-limits, rest periods, splints)

References: [56] [18] [39]

Osteotomy Guideline

Osteotomy dysplasia for hip in a pediatric individual is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. Symptoms includes **ANY TWO** or more of the following:
    a. Asymmetrical gluteal or thigh skinfolds

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b. Limb length discrepancy

c. Positive Barlow and Ortolani signs

d. Positive Galeazzi sign

e. Restricted or asymmetrical hip abduction, and mild instability

f. Waddling gait or limp in walking-age children

2. Imaging for presurgical evaluation includes **ANY** of the following in the past 4 weeks:

   a. MRI or CT scan (if MRI is contraindicated)

   b. Hip arthrography

3. Treatment includes **ANY** of the following:

   a. Pavlik harness (for infants under 6 months) attempted for 4 to 12 weeks **WITHOUT** improvement

   b. Closed reduction and spica casting attempted for 12 to 18 weeks **WITHOUT** improvement

   c. Open reduction and spica casting attempted for 6 to 12 weeks **WITHOUT** improvement

References: [77] [68]

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Hip Arthroplasty Procedure Codes

Table 1. Hip Arthroplasty Procedures Associated Procedure Codes

CODE	DESCRIPTION
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves
27050	Arthrotomy, with biopsy; sacroiliac joint
27052	Arthrotomy, with biopsy; hip joint
27054	Arthrotomy with synovectomy, hip joint
27062	Excision; trochanteric bursa or calcification
27090	Removal of hip prosthesis; (separate procedure)
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
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
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components

2026 Hip Arthroplasty Summary of Changes

The Hip Arthroplasty guideline from 2025 to 2026 had the following changes:

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Table 1. 2026 Hip Arthroplasty Summary of Changes

Date	Type of Change	Summary
3/09/2026	Annual Review	• Total Hip Arthroplasty Changes ▪ Added to conservative treatment Tele-rehab therapy ▪ Moved the following criteria from each indications to contraindication to de-creased redundancy: ◦ Blood pressure control ◦ Clinical instability ◦ Drug dependency ◦ HbA1c over 8% ▪ Removed the following: ◦ Osteonecrosis of the femoral head (ONFH) and significant collapse of the femoral head shown on imaging (ie, subchondral fracture or crescent sign)due to redundancy. ◦ Symptomatic from AVN indication due to redundancy ▪ Reworded conservative care section for clarity ▪ Updated the following: ◦ Definitions section ◦ Ficat-Arlet stages ◦ Indications that do/do not require a trial of conservative therapy ◦ Verbiage of Cancer involving the proximal femur to Cancer / Bone tumors affecting hip • Hip Resurfacing: changed the imaging requirement from 3 to 6 months to the past 6 months • Removed the notes from THA and Resurfacing Guideline regarding improvement with PT and self managed home exercise program • Revision Guideline: removed fracture criteria

2026 Hip Arthroscopy

Musculoskeletal Procedures

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Last Review Date: 03/09/2026
Previous Review Date: 12/15/2025
Guideline Initiated: 01/01/2021

Clinical Judgment

These medical policies are designed to provide clinical guidance and do not supplant a provider's independent professional judgment. Physicians retain full and independent authority to determine appropriate care based on each patient's individual clinical circumstances. Although services may be subject to documentation requirements, medical necessity review, or coverage limitations, nothing in this policy is intended to restrict or interfere with a physician's independent medical judgment.

Hip Arthroscopy Contraindications

A hip arthroscopy is contraindicated if the documentation demonstrates **ANY** of the following conditions:

I. Bone marrow edema

II. Fracture signs

III. Loose bodies

IV. Synovial disease

V. Tear: abductor, adductor or hamstring

References: [73]

Diagnostic Hip Arthroscopy Contraindications

A diagnostic hip arthroscopy is contraindicated for **ANY** of the following situations:

I. Arthritis in affected joint is significant (X-ray demonstrates 2 mm or less joint space or MRI demonstrates subchondral edema).

II. Acetabular protrusion

III. Acetabulum with overhang of the anterolateral rim.

IV. Alpha angle more than 50 degrees

V. Cross-over sign

VI. Drug dependency that is unmanaged

VII. Femoroacetabular impingement (FAI)

VIII. Femoral head is non-spherical.

IX. Head-neck junction is prominent (pistol-grip deformity).

X. Hip dysplasia (lateral center edge angle or anterior center edge angle is less than 20 degrees, Tönnis angle is more than 15 degrees, or femoral head extrusion index is more than 25%) when procedure is **NOT** combined with periacetabular osteotomy.

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XI. Infection is active (systemic or local).

XII. Intra-articular loose body

XIII. Ischifemoral impingement (ischiofemoral and quadratus femoris spaces are narrowed.)

XIV. Posterior wall sign

XV. Prominent ischial spine sign

XVI. Retroversion with a center edge (CE) angle of more than 35 degrees

XVII. Pigmented villonodular synovitis (PVNS) or synovial chondromatosis

XVII I. Pubic edema or osteitiis pubis

XIX. Tear, adductor, gluteus medius or minimus, hamstring or labral demonstrated on MRI

References: [73] [33]

Diagnostic Hip Arthroscopy Guideline

A diagnostic hip arthroscopy is considered medically appropriate when the documentation demonstrates **ALL** of the following: *__NOTE__:***_ALL_** *requests for diagnostic hip arthroscopy will be considered and decided on a case-by-case basis; they are rarely deemed medically necessary.*

1. Conservative therapy attempted including **ALL** of the following:
    a. Physical therapy (PT) program that is supervised by a licensed physical therapist, chiropractor or through tele-rehab physical therapy for at least 6 weeks in the past 6 months with NO improvement in symptoms or functional ability.
    b. Treatment includes **ANY** of the following:
        i. Activity modification with protective weight-bearing **OR** use of a brace/ orthotic.
        ii. Corticosteroid injection, intraarticular
        iii. Medication pain management (eg, NSAIDs, analgesics)
2. Hip pain persists *for at least 6 months*, with functional disability that interferes with activities of daily living (ADLs). (ADLs include bathing, dressing, eating, toilleting, etc.)
3. **BOTH** MRI AND X-ray are indeterminate or non-diagnostic for internal derangement or other pathology.

References : [38] [61] [45]

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Hip Biopsy, Foreign Body Removal or Synovectomy Guideline

A hip arthroscopic biopsy, foreign body removal or synovectomy (or a combination of these procedures) is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. Conservative therapy attempted including **ALL** of the following:
    a. Physical therapy (PT) program that is supervised by a licensed physical therapist, chiropractor or through tele-rehab physical therapy for at least 6 weeks in the past 6 months with NO improvement in symptoms or functional ability.
    b. Treatment includes **ANY** of the following:
        i. Activity modification with protective weight-bearing **OR** use of a brace/ orthotic.
        ii. Corticosteroid injection, intraarticular
        iii. Medication pain management (eg, NSAIDs, analgesics)
2. Hip pain persists *for at least 3 months*, with functional disability that interferes with activities of daily living (ADLs). (ADLs include bathing, dressing, eating, toilieting, etc.)
3. Imaging (X-ray, CT and/or MRI) demonstrates **ANY** of the following:
    a. Calcifications
    b. Inflammation
    c. Loose body
    d. Nodularity
    e. Pannus
    f. Synovial proliferation
4. Mechanical symptoms (eg, catching, clicking, grinding, locking, popping) are associated with pain.
5. Range-of-motion (ROM) is limited.

References: [38] [73] [40] [61][94] [93] [81] [80]

Hip CAM and/or Pincer Repair Guideline

A hip CAM and/or pincer repair is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. X-rays (weight-bearing) demonstrate **NO** hip arthritis (Tönnis grade 2 or 3) or hip dysplasia.

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2. Body mass index (BMI) is less than 40.
3. Imaging (X-ray, CT and/or MRI) demonstrates **ANY** of the following:
    a. CAM impingement demonstrated (non-spherical femoral head or prominent head-neck junction [pistol-grip deformity] with alpha angle of more than 55 degrees,
    b. Pincer demonstrated (overhang of the anterolateral rim of the acetabulum, posterior wall sign, prominent ischial spine sign, acetabular protrusion or retroversion with a center edge (CE) angle more than 35°, and/or cross-over sign)
4. Conservative therapy attempted including **ALL** of the following:
    a. Physical therapy (PT) program that is supervised by a licensed physical therapist, chiropractor or through tele-rehab physical therapy for at least 6 weeks in the past 6 months with NO improvement in symptoms or functional ability.
    b. Treatment includes **ANY** of the following:
        i. Activity modification with protective weight-bearing **OR** use of a brace/ orthotic.
        ii. Corticosteroid injection, intraarticular
        iii. Medication pain management (eg, NSAIDs, analgesics)
5. Hip and groin pain **AND** positive impingement sign (pain associated with flexion, adduction, and internal rotation), that may also be associated with mechanical symptoms (locking, grinding, popping, catching, positive FABER or Fitzgerald test).
6. Hip pain is positional.

References: [61] [91] [27] [33] [10]

Hip Labral Repair Guideline

A hip labral repair is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. X-rays (weight-bearing) demonstrate **NO** hip arthritis (Tönnis grade 2 or 3) or hip dysplasia.
2. Acetabular tear is demonstrated on MRI.
3. Conservative therapy status for **ANY** of the following:
    a. Conservative therapy attempted, including **ALL** of the following:
        i. Physical therapy (PT) program that is supervised by a licensed physical therapist, chiropractor or through tele-rehab physical therapy at least 6 weeks in the past 6 months with **NO** improvement in symptoms or functional ability.

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ii. Treatment includes **ANY** of the following:

A. Activity modification with protective weight-bearing **OR** use of a brace/ orthotic.

B. Corticosteroid injection, intraarticular

C. Medication pain management (eg, NSAIDs, analgesics

b. **NO** conservative treatment for **ANY** of the following:

i. Irreparable or deficient labrum

ii. Labral tear discovered during another mandatory surgical hip arthroscopy

iii. Loose bodies, foreign bodies, or synovial pathology requiring removal

iv. Severe structural FAI with clear labral pathology

v. Suspected/confirmed septic arthritis

4. Hip pain persists *for at least 6 weeks*, with functional disability that interferes with activities of daily living (ADLs). (ADLs include bathing, dressing, eating, toilieting, etc.)

5. Hip and groin pain **AND** positive impingement sign (pain associated with flexion, adduction, and internal rotation), that may also be associated with mechanical symptoms (locking, grinding, popping, catching, positive FABER or Fitzgerald test).

References: [27] [61] [33] [36] [15]

Hip Arthroscopy Procedure Codes

Table 1. Hip Arthroscopy Associated Procedure Codes

CODE	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
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
29916	Arthroscopy, hip, surgical; with labral repair

2026 Hip Arthroscopy Summary of Changes

Hip Arthroscopy guideline from 2025 to 2026 had the following changes:

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Table 1. 2026 Hip Arthroscopy Summary of Changes

Date	Type of Change	Summary
3/09/2026	Annual Review	• Hip Arthroscopy changes in general ▪ Reworded conservative care section for clarity • Moved CPT Code: 27275 to correct code table

Medically Appropriate Hip Procedures Guideline

Requests for the following procedure codes are considered medically appropriate:

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Table 1. Medically Appropriate Hip Procedure Codes

Code	Description
26991	Incision and drainage, pelvis or hip joint area; infected bursa
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)
27001	Tenotomy, adductor of hip, open
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27005	Tenotomy, hip flexor(s), open (separate procedure)
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
27025	Fasciotomy, hip or thigh, any type
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)
27050	Arthrotomy, with biopsy; sacroiliac joint
27052	Arthrotomy, with biopsy; hip joint
27054	Arthrotomy with synovectomy, hip joint
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral
27060	Excision; ischial bursa
27062	Excision; trochanteric bursa or calcification
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)
27090	Removal of hip prosthesis; (separate procedure)
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)
27146	Osteotomy, iliac, acetabular or innominate bone;
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip
27161	Osteotomy, femoral neck (separate procedure)
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)
27175	Treatment of slipped femoral epiphysis; by traction, without reduction

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Code	Description
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed
27282	Arthrodesis, symphysis pubis (including obtaining graft)
27284	Arthrodesis, hip joint (including obtaining graft)
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy

Hip Surgery Associated Bundled Procedure Codes

These codes may be submitted as part of a surgery procedure. The associated bundled procedures are those that may be done during the primary procedure. (The primary procedure was the one approved through use of the evidence-based guideline (eg, Hip Arthroplasty, Hip Arthroscopy)).

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Table 1. Hip Surgery Associated Bundled Procedure Codes

CODE	DESCRIPTION
26991	Incision and drainage, pelvis or hip joint area; infected bursa
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)
27001	Tenotomy, adductor of hip, open
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27005	Tenotomy, hip flexor(s), open (separate procedure)
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
27025	Fasciotomy, hip or thigh, any type
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral
27060	Excision; ischial bursa
27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed
27067	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum
27077	Radical resection of tumor; innominate bone, total
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)
27146	Osteotomy, iliac, acetabular or innominate bone;
27147,	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip
27161	Osteotomy, femoral neck (separate procedure)
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)
27175	Treatment of slipped femoral epiphysis; by traction, without reduction
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)

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CODE	DESCRIPTION
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur
27275	Manipulation, hip joint, requiring general anesthesia
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm
27355	Excision or curettage of bone cyst or benign tumor of femur;
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur

Hip Surgery Definition Section

Acetabulum is the socket of the hip bone into which the head of the femur fits.
Acetabular dysplasia is a condition where the hip socket (acetabulum) is too shallow to fit the ball of the femur properly, leading to instability and pain. It is a developmental issue that can lead to early arthritis, and symptoms include hip or groin pain, a feeling of instability, or a clicking/popping sound from the hip. Treatment may include lifestyle adjustments, physical therapy, or surgery like a periacetabular osteotomy (PAO) to improve the socket's coverage of the femoral head.
Adhesive capsulitis or frozen shoulder, occurs when the connective tissue enclosing the joint becomes thickened and tight, causing stiffness and pain in the shoulder joint.
Angle of Wilberg the frontal radiographic view of the pelvis measuring the relationship between the femoral head and the acetabulum.
Anterior inferior iliac spine deformity a deformity of the bony eminence on the anterior border of the hip bone, or, more precisely, the wing of the ilium.
Arthrodesis is the surgical fusion of a joint.
Arthroplasty is the operative formation or restoration of a joint.
Arthroscopy is the examination of a joint, specifically, the inside structures. The procedure is performed by inserting a specifically designed illuminated device into the joint through a small incision. This instrument is called an arthroscope. The procedure of arthroscopy is primarily associated with the process of diagnosis.

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Aseptic loosening is the failure of joint prostheses without the presence of mechanical cause or infection.

Avascular necrosis is localized death of bone tissue due to impaired or disrupted blood supply (as from traumatic injury or disease).

Avascular necrosis of the femoral head is a type of osteonecrosis due to disruption of blood supply to the proximal femur. It can occur due to a variety of causes, either traumatic or atraumatic. Causes may include fractures, dislocations, chronic steroid use, chronic alcohol use, coagulopathy, congenital causes; among many others. It is also referred to as osteonecrosis of the femoral head (ONFH).

Barlow test, also known as the Barlow maneuver, is a physical examination used to assess for hip instability in infants. It's a crucial part of screening for developmental dysplasia of the hip (DDH). The test involves applying gentle pressure to the infant's hip to see if the femoral head (the ball of the hip joint) can be dislocated out of the acetabulum (the socket).

Bone graft is a procedure where osseous matter is transplanted from a donor site to a recipient site, without anastomosis of nutrient vessels.

Bursa is a tiny, slippery sac of fluid that provides a cushion and reduces friction between the surfaces of a bone and soft tissue.

Bursitis is inflammation of a bursa.

C-Reactive Protein (CRP) is an acute phase reactant, which can be used as a test for inflammatory diseases, infections, and neoplastic diseases. Progressive increases correlate with increases of inflammation/injury. CRP is a more sensitive, rapidly responding indicator than ESR. CRP may be used to detect early postoperative wound infection and to follow therapeutic response to anti-inflammatory agents. Recent reports have indicated that a highly sensitive version of the CRP assay may be used as an additional indicator for susceptibility to cardiac disease.

Calcification is a process in which calcium builds up in body tissue, causing the tissue to harden. This can be a normal or abnormal process.

Cam impingement occurs because the ball-shaped end of the femur (femoral head) is not perfectly round. This interferes with the femoral head's ability to move smoothly within the hip socket.

Capsulectomy is the stripping of the chondral surface of a joint in the case of flexion contractions of joints, which may be used for treatment of osteoarthritis (degenerative joint disease) and rheumatoid arthritis.

Capsulotomy is the creation of an opening through a capsule; frequently done to gain entry into a joint.

Chordoma is a type of bone cancer that usually starts in the lower spinal column or at the base of the skull.

Closed reduction for developmental dysplasia of the hip (DDH) is a procedure where a dislocated hip is manually manipulated back into its socket without surgery, under general anesthesia, and then immobilized with a cast. It's typically considered for infants who haven't

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responded to conservative treatments like bracing or for those diagnosed with DDH later in infancy (usually between 6 and 18 months).

Comminuted fracture a bone that is broken in at least two places.

Compartment syndrome is a painful condition resulting from the expansion or overgrowth of enclosed tissue (as of a leg muscle) within its anatomical enclosure (as a muscular sheath) producing pressure that interferes with circulation and adversely affects the function and health of the tissue itself.

Contracture the permanent tightening of the muscles, tendons, skin, and nearby tissues that causes the joints to shorten and become very stiff. This prevents normal movement of a joint or other body part.

Contralateral is something that relates to the opposite side of the body.

Coxarthrosis is a disorder of the physiological balance between the strength of the articular cartilage and articular bone, and between the pressures exerted on the joint.

Crowe classification a type of classification system for severity of adult degenerative dysplasia of the hip (DDH).

Crescent sign refers to a linear cleft due to a subchondral fracture in the setting of osteonecrosis.

Denervation is loss of nerve supply.

Developmental Dysplasia of the Hip (DDH) is a condition where the hip joint does not develop properly in infants and young children. It involves a spectrum of abnormalities ranging from a shallow acetabulum (hip socket) to complete dislocation of the femoral head (the ball of the hip joint).Risk Factors Multifactorial: genetic predisposition, hormonal influences, and mechanical factors like breech positioning Higher risk in: First-born children, Females, Breech presentations, Family history of DDH.**NOTE**:NOT all signs need to be present simultaneously to suspect or diagnose the condition, a combination of these signs, rather than the presence of all, can raise suspicion for DDH and warrant further investigation.

Drehmann sign is a characteristic clinical feature in slipped capital femoral epiphysis.

Epiphysiodesis the surgical reattachment of a separated epiphysis to the shaft of its bone.

Excision removal of tissue from the body using a scalpel (a sharp knife), laser, or other cutting tool. A surgical excision is usually done to remove a lump or other suspicious growth.

Fasciotomy is a surgical procedure that cuts away the fascia to relieve tension or pressure.

Femoroacetabular impingement is a condition characterized by abnormal contact between the femoral head and the acetabulum, leading to hip pain and potential damage to the labrum and cartilage.

Femoral dysplasia, more commonly known as developmental dysplasia of the hip (DDH), is a condition where the hip joint does not develop properly, leading to an unstable or loose ball-and-socket joint. This can result in the femoral head (ball) not being fully covered by the acetabulum (socket), causing it to slip out of place. Early detection is key, with symptoms

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in infants including limited range of motion or clicking sounds in the hip, and in toddlers and older children, a waddle, limp, or one leg appearing shorter.

The **Ficat-Arlet classification** for osteonecrosis (avascular necrosis) of the femoral head is:

Stage: Radiographic Findings

Stage I: Normal X-ray; MRI or bone scan positive

Stage II: Sclerosis, cysts, mixed density changes; no subchondral fracture and no collapse

Stage III: Subchondral fracture (crescent sign) and/or early femoral head flattening; joint space preserved

Stage IV: Advanced collapse with secondary degenerative changes, including joint-space narrowing, acetabular involvement, osteophytes, and osteoarthritis

Free donor flap a procedure in which tissue and its blood supply (artery and vein) are surgically removed from one part of the body and transferred to another area of the body for the purpose of reconstruction.

Galeazzi sign, also known as Allis's sign, is a physical exam finding that can indicate a hip dislocation or a leg length discrepancy, particularly in infants. It's observed by flexing the hips and knees of a supine patient (feet flat on the table) and noting the relative heights of the knees. An inequality in knee height suggests a positive Galeazzi sign.

Ganglion cyst a noncancerous lump that most commonly develop along the tendons or joints of the wrists or hands.

Greater trochanteric pain syndrome is pain that occurs on the outside of the hip.

Hip arthrography is a medical imaging procedure used to examine the hip joint. It involves injecting a contrast dye into the hip joint, followed by X-ray imaging, which helps visualize the joint's internal structures and identify any abnormalities or injuries.

Hip dysplasia is the medical term for a hip socket that doesn't fully cover the ball portion of the upper thighbone. This allows the hip joint to become partially or completely dislocated.

Hip resurfacing is a surgical procedure that replaces damaged hip joint surfaces with metal implants, preserving more of the patient's natural bone than a traditional hip replacement. The procedure involves a surgeon trimming and capping the head of the thigh bone with a metal cap and replacing the hip socket with a metal cup. It is often recommended for younger, active patients with strong bones who want to retain higher levels of activity.

Hyaluronic treatments help skin stretch and flex and reduces skin wrinkles and lines. Hyaluronic acid is also proven to help wounds heal faster and can reduce scarring.

Impacted refers to broken ends of bone that have been driven together.

Impingement is the degenerative alteration in a joint in which there is excessive friction between joint tissues. This typically causes limitations in range of motion and the perception of joint pain.

Incision and drainage a surgical cut made to achieve access or to allow discharge of unwanted material such as pus.

Indeterminate is something that is not established, or uncertain.

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Immunosuppression is a state where the immune system's ability to fight infection and disease is reduced. It can occur naturally due to certain diseases, or be deliberately induced through medications, chemotherapy, or radiation therapy, often to prevent organ transplant rejection or to treat autoimmune conditions. People with immunosuppression are more vulnerable to infections and are referred to as immunocompromised.
Internal derangement is a mechanical disorder of the knee which interferes with normal joint motion and/or mobility.
Kellgren-Lawrence Grading System is a measurement of level of osteoarthritis using standing/ weight-bearing X-rays, as follows:

Table 1. Kellgren-Lawrence Grading System

Description	Grade
No radiographic features of osteoarthritis	0
Possible joint space narrowing and osteophyte formation	1
Definite osteophyte formation with possible joint space narrowing	2
Moderate multiple osteophytes, definite narrowing of joint space, some sclerosis and possible deformity of bone contour	3
Large osteophytes, marked narrowing of joint space, severe sclerosis and definite deformity of bone contour	4

Labrum a thick tissue or type of cartilage that is attached to the rim of the socket and essentially forms a bumper that deepens the socket and helps keep the ball in place.
Limb length discrepancy is a difference in size between the length of both arms or both legs.
Loose body a small fragment of detached bone or cartilage that floats through the body, catching or locking in the joints.
Macrosomia refers to a condition where a baby is born significantly larger than average for their gestational age. It is typically defined as: Birth weight: A baby weighing over 4000 grams (8 pounds 13 ounces) Estimated fetal weight (EFW): An EFW estimated by ultrasound or other methods that is above the 90th percentile for gestational age
Magnetic resonance angiogram (MRA) is a test that uses a magnetic field and pulses of radio wave energy to provide images of blood vessels inside the body, allowing for evaluation of blood flow and blood vessel wall condition. MRA is used to look for aneurysms, clots, tears in the aorta, arteriovenous malformations and stenosis caused by plaque in the carotid arteries (neck) or blood vessels leading to the lungs, kidneys or legs.
Malunion fracture a fracture that has healed in a less than optimal position.
Manipulation under anesthesia (MUA) is a noninvasive treatment technique used to treat acute and chronic conditions, including muscular or spinal pain. Under anesthesia, spastic muscles are believed to relax and pain sensations diminish, which theoretically may permit joint manipulation through a full range of motion.
Metallosis is the abnormal buildup and deposition of metallic debris into the periprosthetic soft tissues and adjacent bone from the weight-bearing surface of metal on metal joint replacements.

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Metastases is the spread of a disease-producing agency (such as cancer cells) from the initial or primary site of disease to another part of the body.
Metatarsus adductus is a foot deformity present at birth where the front half of the foot is curved inward, causing the toes to point towards the midline of the body. It's also known as "in-toeing" and is a common condition that often resolves on its own, especially in mild cases.
Neuropathic arthropathy, also known as charcot joint, is a change in the bone or joint that occurs secondary to loss of sensation and is most often associated with diabetes, syphilis, syringomyelia, spina bifida, traumatic spinal cord injury, and leprosy.
Nodularity refers to a growth or lump that may be malignant (cancer) or benign (not cancer).
Oligohydramnios is a condition where there is an abnormally low amount of amniotic fluid surrounding the developing fetus in the womb. It is typically diagnosed when the amniotic fluid index (AFI), a measurement of the fluid volume, is less than 5 centimeters.
Open reduction internal fixation (ORIF) is a type of surgery used to stabilize and heal a broken bone.
Orthosis a surgical appliance that exerts external forces on part of the body to support joints or correct deformity.
Osteoarthritis is a progressive disorder of the joints caused by gradual loss of cartilage and resulting in the development of bony spurs and cysts at the margins of the joints.
Osteochondroma a benign (not cancer) tumor that has both bone and cartilage in it. This type of tumor usually occurs at the ends of the long bones of the arms and legs, or in the pelvis or shoulder.
Osteolysis is dissolution or degeneration of bone tissue through disease.
Osteonecrosis, also known as avascular necrosis (AVN), is a condition where bone tissue dies due to a lack of blood supply. This disruption in blood flow can lead to bone collapse and, eventually, arthritis. It's most common in the hip and shoulder, but can affect other joints like the knee, elbow, wrist, and ankle.
Osteopenia is a condition of having low bone density, meaning bones are not as strong as they should be but are not yet as fragile as in osteoporosis. It is a precursor to osteoporosis and an early warning sign of increased risk for fractures. Osteopenia usually has no symptoms until a bone is broken, which can be diagnosed with a bone density test that measures bone mass and strength.
An **osteoplasty** is a surgical procedure for reshaping or recontouring bone.
Osteoporosis is a condition that is characterized by a decrease in bone mass, with decreased density and enlargement of bone spaces, producing porosity and fragility.
Osteotomy is the incision or transection of a bone.
Pannus is any abnormal tissue that contains blood vessels (necessary for tissue growth) and covers up a normal body structure.
Pauwels classification system calculates the angle between the femoral neck fracture line of the distal fragment and the horizontal line to determine shearing stress and compressive force.

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The three types of femoral neck fractures according to Pauwels are: Type I, with fracture line inclination from 0° to 30°; Type II, with inclination of 30° to 50°; and Type III, with inclination of 50° and greater.

A **Pavlik harness** is a soft brace used to treat developmental dysplasia of the hip (DDH) in infants. It helps keep the baby's hips and knees flexed and the thighs spread apart, encouraging proper hip joint development. This position helps the femoral head (the ball of the hip joint) stay properly seated in the hip socket, allowing the socket to develop normally.

Periacetabular osteotomy is a surgical treatment for hip dysplasia where a series of cuts to the bone are made to reposition the acetabulum in the pelvis in order to restore a more normal hip joint anatomy. Screws are then placed in the bones to stabilize the position.

Pincer impingement involves excessive coverage of the femoral head by the acetabulum.

Pistol-grip deformity is an early sign of osteoarthritis (OA). The edge of the acetabulum (hip socket) is prominent. The head of the femur butts up against the edge of the acetabulum instead of sliding and gliding down smoothly in the socket. It gives the joint the look of a pistol grip shape when seen on X-rays.

Prophylactic treatment is a procedure that is done by inserting metal into the bone in order to strengthen it well before it breaks. This type of surgery can be done in a minimally invasive fashion, and can reduce pain and prevent the major problems associated with fracture.

Prosthesis a device that replaces a part of the body.

Pseudoarthrosis is a term used to describe what happens when a spinal fusion is unsuccessful. This condition may cause no symptoms or may cause pain in the neck, back, arms or legs.

Radiofrequency joint denervation/ablation (eg, facet neurotomy, facet rhizotomy) refers to the insertion of a radiofrequency probe towards the medial branch of the posterior primary rami, which supplies the innervation to the facet joints under fluoroscopic guidance. The radiofrequency electrode is then utilized to apply continuous heat for a period of time, typically 90-120 seconds. Thus coagulating the nerve supplying the joint with the intention of providing pain relief by denervating the painful facet joint.

Renal insufficiency is poor function of the kidneys that may be due to a reduction in blood-flow to the kidneys caused by renal artery disease.

Resection is a surgical procedure done to remove tissue, or part or all of an organ.

Resurfacing is the surgical repair of damaged body surfaces, such as articular cartilage or skin.

Rheumatoid arthritis (RA) is an autoimmune disease (usually chronic) that is characterized by pain, stiffness, inflammation, swelling and sometimes destruction of the joints.

Sacroiliac (SI) joint connects the sacrum with the pelvis. The SI joint lies between the sacrum and the ilium, and functions more for stability than for movement. Noninflammatory sacroiliac (SI) joint complex pain may be traumatic, degenerative, or due to adjacent segment disease (after lumbar fusion or total hip replacement). Sacroiliitis is associated with inflammatory spondyloarthropathies. Pain arising from the sacroiliac joint complex typically radiates to the gluteal area and posterior hip.

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Salvage procedure a surgical treatment following failure of initial treatment.
Sarcoma is a type of cancer that begins in bone or in the soft tissues of the body, including cartilage, fat, muscle, blood vessels, fibrous tissue, or other connective or supportive tissue.
"**Skeletally immature**" means that a person's skeleton is still growing, with open growth plates that have the potential for lengthening. This is a characteristic of children and adolescents, and it means their bones have not yet completed their growth and development. In contrast, a skeletally mature individual is one whose bones have finished growing.
Slipped capital femoral epiphysis (SCFE) is a hip condition in adolescents where the ball at the top of the thigh bone (femoral head) slips off the neck of the bone at the growth plate. This can cause hip and knee pain, a limp, and limited movement in the hip. The condition is typically treated with surgery, and it's important for it to be diagnosed and treated early to prevent long-term complications like arthritis and bone death
Subluxation is a partial or incomplete dislocation.
Synovectomy is the surgical removal of a synovial membrane.
Synovial chondromatosis is a type of non-cancerous tumor that arises in the lining of a joint.
Synovial proliferation is an increase in the number of cells that line the inside of a joint capsule.
Synovitis is inflammation (swelling, pain, and warmth) of a synovial membrane, which is a layer of connective tissue that lines a joint, such as the hip, knee, ankle, or shoulder.
Tele-rehab PT (tele-rehabilitation physical therapy) is the delivery of rehabilitation services remotely via technology—typically live, two-way video conferencing—to assess, diagnose, and treat patients in their homes.
Tonnis Grading Scale

- Grade - Radiographic features
  - 0 - No signs of osteoarthritis
  - 1 - Slight narrowing of joint space, slight lipping at joint margin and slight sclerosis of the femoral head or acetabulum
  - 2 - Small cysts in the femoral head or acetabulum, increasing narrowing of joint space or moderate loss of sphericity of the femoral head
  - 3 - Large cysts, severe narrowing or obliteration of joint space, severe deformity of the femoral head or avascular necrosis

Trethowan sign is when the Klein's line (an arbitrary line drawn along the superior edge of the femoral neck) fails to intersect the femoral epiphysis which means slipped capital femoral epiphysis is likely present.
Torticollis also known as wry neck, is a condition characterized by an involuntary and persistent contraction of the neck muscles that causes the head to tilt or turn to one side. This can result in: Head tilt, Rotation of the head, Shoulder elevation on the affected side, Pain and stiffness in the neck, and Difficulty moving the head normally.

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Waddling gait is a distinctive walking pattern characterized by a side-to-side swaying motion of the hips and a wide stance, often described as a "duck-like" or "penguin-like" walk. It is typically caused by weakness in the hip and thigh muscles, which makes it difficult to stabilize the pelvis during walking.

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The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives.

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To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to https://www.cms.gov/medicare-coverage-database/search.aspx.

Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.

CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.

In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

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