

Capsular Plication of the Hip

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[Coverage Policy](#) Surgical 232
[Version](#) 4

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details ^{*}.

Purpose:

This policy addresses Capsular Plication of Hip surgery.

Description & Definitions:

Capsular Plication is an arthroscopic procedure to provide a suture and retensioning the ligaments around the joint for greater stability.

Criteria:

Capsular Plication of the Hip is considered **not medically necessary** for any indication.

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
27299	Unlisted procedure, pelvis or hip joint
29999	Unlisted procedure, arthroscopy

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

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Reviewed Dates:

- 2024: February
- 2023: February
- 2022: March
- 2021: March
- 2020: April

Effective Date:

- January 2018

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2024). Retrieved Jan 2024, from CMS: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=hip%20plication&keywordType=all&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MC,D,6,3,5,1,F,P&contractOption=all&sortBy=relevance>

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(2024). Retrieved Feb 2024, from American Academy of Orthopaedic Surgeons (AAOS): <https://www.aaos.org/search/?q=Capsular+plication>

Capsular Plication for Treatment of Hip Micro-Instability. (2024, Jan). Retrieved Jan 2024, from Hayes: <https://evidence.hayesinc.com/report/earb.capsular5790>

Joint Surgery 2023-11-05. (n.d.). Retrieved Feb 2024, from Carelton Medical Benefits Management: <https://guidelines.careltonmedicalbenefitsmanagement.com/joint-surgery-2023-11-05/>

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

Capsular Plication of the Hip, SHP Surgical 232, arthroscopic procedure, ligaments, joint