

Sports Hernia Repair (Athletic Pubalgia Surgery)

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Coverage Policy Surgical 127
Version 2

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses Sports Hernia Repair (Athletic Pubalgia Surgery).

Description & Definitions:

Sports Hernia Repair (Athletic Pubalgia Surgery) is the surgical repair of torn groin muscles of the leg and abdomen.

Criteria:

Sports Hernia Repair (Athletic Pubalgia Surgery) 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
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
49999	Unlisted procedure, abdomen, peritoneum and omentum

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

Document History:

Revised Dates:

Reviewed Dates:

- 2023: August
- 2022: August

Effective Date:

- November 2021

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved July 31, 2023, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

(2023). Retrieved July 31, 2023, from CMS: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Pubalgia&keywordType=all&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance>

Core Muscle Injury Producing Groin Pain in the Athlete: Diagnosis and Treatment. (2023, June 1). Retrieved July 31, 2023, from Journal of the American Academy of Orthopaedic Surgeons: <https://doi.org/10.5435/JAAOS-D-22-00739>

Laparoscopic And Open Surgical Repairs For Treatment Of Athletic Groin Pain - ARCHIVED May 21, 2021. (n.d.). Retrieved July 31, 2023, from Hayes: <https://evidence.hayesinc.com/report/dir.tepathletic397>

Procedure Fee Files & CPT Codes. (2023). Retrieved July 31, 2023, from Department of Medical Assistance Services: <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/> & <https://www.dmas.virginia.gov/for-providers/cardinal-care-transition/>

Sports-related groin pain or 'sports hernia'. (2023, Jan 5). Retrieved July 31, 2023, from UpToDate: https://www.uptodate.com/contents/sports-related-groin-pain-or-sports-hernia?search=core%20muscle%20injury&topicRef=100491&source=see_link

Special Notes: *

This medical policy express Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be

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authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

Sports Hernia Repair, Athletic Pubalgia Surgery, Surgical 127, injury, groin, sportsman's hernia, hernioplasty, hockey groin, Gilmore's groin