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# SHP Capsular Plication of the Hip

AUTH: SHP Surgical 232 v3 (AC)

MCG Health Ambulatory Care 26th Edition

Link to Codes

- Coverage
- Application to Products
- Authorization Requirements
- Description of Item or Service
- Exceptions and LimitationsClinical Indications for Procedure
- · Document History
- Coding Information
- References
- Codes

## Coverage

Return to top of SHP Capsular Plication of the Hip - AC

See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy

#### **Application to Products**

Return to top of SHP Capsular Plication of the Hip - AC

Policy is applicable to all products

## **Authorization Requirements**

Return to top of SHP Capsular Plication of the Hip - AC

Pre-certification by the Plan is required

#### Description of Item or Service

Return to top of SHP Capsular Plication of the Hip - AC

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

#### **Exceptions and Limitations**

Return to top of SHP Capsular Plication of the Hip - AC

There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

# **Clinical Indications for Procedure**

Return to top of SHP Capsular Plication of the Hip - AC

• NA

# **Document History**

Return to top of SHP Capsular Plication of the Hip - AC

- Revised Dates:
- Reviewed Dates:
  - 2023: February2022: March
  - 2022. March
  - 2021: Marci
    2020: April
- Effective Date: January 2018

## Coding Information

Return to top of SHP Capsular Plication of the Hip - AC

- CPT/HCPCS codes covered if policy criteria is met:
  - None
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - CPT 27299 Unlisted procedure, pelvis or hip joint
  - CPT 29999 Unlisted procedure, arthroscopy

## References

Return to top of SHP Capsular Plication of the Hip - AC

References used include but are not limited to the following:

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

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## Codes

Return to top of SHP Capsular Plication of the Hip - AC

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