



## **Hip Joint Preservation Surgery guidelines and definitions**

**October 2016**

From 1st November, 2016, the Medicare Benefit Schedule has been amended to exclude payment for open and arthroscopic femoroacetabular impingement (FAI) surgery. The descriptors for item numbers 49366, 49303, and 48424 now contain the caveat “other than a service associated with surgery for femoroacetabular impingement”, or similar words.

However, there is an added note which states “Patients presenting with hip dysplasia, Perthes Disease, and Slipped Upper Femoral Epiphysis (SUFE) are eligible for treatment under items 49366, 49303 and 48424”.

If an orthopaedic surgeon wishes to bill a patient for either open or arthroscopic surgical treatment of any form of FAI using MBS item numbers 49366, 49303, or 48424, this can only be done if the patient’s FAI is due to hip dysplasia, Perthes Disease, or SUFE.

The following are intended as guidelines for the diagnosis of these 3 conditions.

### **Hip dysplasia**

In a review article in Arch Med Sci 2015 Oct;11(5):1052-1057, Musielak, et. al. state “There is no consensus on the definition of dysplasia of the (DH)”. They analysed 500 books and articles dealing with DH and identified 15 different definitions. They also state “A broader definition of DH mentions (any) abnormal growth of the hip. The abnormal development of the joint refers not only to the osseous structures (both femur and pelvis), but also other tissues (including soft tissues) forming the structure of the hip”. Hip dysplasia is not limited to abnormalities of the acetabulum.

Hip dysplasia may be defined as including any “congenital or developmental deformation or misalignment of the hip joint” Online Medical Dictionary.

*Hip dysplasia can, therefore, be taken to include any deformation of the hip, including the femur, the acetabulum, or both.*

### **Perthes Disease**

A childhood disorder in which the blood supply of the femoral head epiphysis is inadequate leading to avascular necrosis, and subsequent bone deformation. Deformed bone may be associated with FAI.

## SUFE

“A fracture through the growth plate (physis) which results in slippage of the overlying epiphysis”. This may lead to residual deformity of the femoral head and neck, including the formation of a cam lesion with increased alpha angle. This is a cause of reduced femoral head – neck offset.

Grade 0 slips are recognised where symptoms may be transient, and diagnosis is often late, and associated with articular cartilage damage.

Subclinical slips may also occur and are postulated as one of the major mechanisms of formation of cam type FAI. Murgier, et. al. BJJ 2014;96(B):724-9 used a definition of posterior translation of the femoral head relative to the femoral neck of >9% to define a SUFE-like deformity, and found that 43.7% of FAI cases had a SUFE-like deformity. They concluded “SUFE is a relatively common problem, with many undetected sub-clinical cases”.

*Any evidence of translation of the centre of the femoral head relative to the centre of the femoral neck, may be taken as evidence suggestive of sub-clinical SUFE.*

These guidelines have been prepared by members of the Arthroplasty Society of Australia as a guide for surgeons.

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29th Oct 2016