Athletic Pubalgia Surgery

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Disclaimer
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Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to CMS website for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/Transmittals.

There are no NCDs and/or LCDs for athletic pubalgia surgery.

Description
Athletic pubalgia, also known as core muscle injury, sportsman’s or sports hernia, is a condition involving persistent groin pain during exercise when there is no evidence of a clinically detectable hernia. Athletic pubalgia is not a true hernia, but is considered an overuse injury in which the external oblique muscle and surrounding tendons and/or the transverse abdominis or internal oblique muscles are worn or partially torn.

Conservative treatment generally consists of rest, medications and physical therapy. If conservative treatment fails, surgical treatment may be suggested as an alternative. The procedure may be performed using a laparoscopic or open anterior approach. The laparoscopic approach involves placing a prosthetic mesh made of polypropylene or polyester in the preperitoneal space and dividing nerve fibers, specifically the genitofemoral nerve as it passes through the internal ring.

Alternatively, an open anterior approach purportedly allows for greater precision in identifying the abnormality and in tailoring the corrective surgery to the specific pathophysiologic abnormality. A neurectomy or neural ablation may be performed in an attempt to help minimize long term persistent pain.

**Coverage Determination**

*iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.*

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria.*

**Athletic Pubalgia Surgery**

*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*

**Coverage Limitations**


**Coding Information**

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.
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**CPT® Category III Code(s)**

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**HCPCS Code(s)**

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**Change Summary**

- 01/01/2024  New Policy.