Washington State Health Care Authority

Hip Surgery Procedures for Treatment of Femoroacetabular Impingement Syndrome – Update Report

Final evidence report:
Public Comment, Peer review, comment and response

October 16, 2026

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Hip Surgery Procedures for Treatment of Femoroacetabular Impingement Syndrome – Update Report

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October 16, 2026

Table 1. Responses to Public Comments to Topic Selection

Commenter	Comment	Response
Mia Hagen	Provided literature and data on efficacy and safety of surgical treatment for FAI.	All cited literature was considered for inclusion/exclusion based on the final Key Questions and PICOTS scope. The following citations and final inclusion/exclusion: Lameire DL, et al.. The Impact of Hip Arthroscopy on the Progression of Hip Osteoarthritis in Patients With Femoroacetabular Impingement Syndrome: A Systematic Review and Meta-analysis. Orthop J Sports Med. 2025 Apr 2;13(4):23259671251326116. doi: 10.1177/23259671251326116. PMID: 40182563; PMCID: PMC11967232: In summary table of selected previous SRs. FIRST Investigators; et al. Effect of Osteochondroplasty on Time to Reoperation After Arthroscopic Management of Femoroacetabular Impingement: Analysis of a Randomized Controlled Trial. Orthop J Sports Med. 2022 Apr 5;10(4):23259671211041400. doi: 10.1177/23259671211041400. PMID: 35400136; PMCID: PMC8988676: Included as the FIRST trial. Ayeni OR, et al,. Osteochondroplasty and Labral Repair for the Treatment of Young Adults With Femoroacetabular Impingement: A Randomized Controlled Trial. Am J Sports Med. 2021 Jan;49(1):25-34. doi: 10.1177/0363546520952804. Epub 2020 Sep 24. PMID: 32970955: Included as the FIRST trial. Hunter DJ, et al.,. Multi-centre randomised controlled trial comparing arthroscopic hip surgery to physiotherapist-led care for femoroacetabular impingement (FAI) syndrome on hip cartilage metabolism: the Australian FASHIoN trial. BMC Musculoskelet Disord. 2021 Aug 16;22(1):697. doi: 10.1186/s12891-021-04576-z. PMID: 34399702; PMCID: PMC8369620: Included as Australian FASHioN Trial. Griffin DR, et al.,. Arthroscopic hip surgery compared with personalised hip therapy in people over 16 years old with femoroacetabular impingement syndrome: UK FASHIoN RCT. Health Technol Assess. 2022 Feb;26(16):1-236. doi: 10.3310/FXII0508. PMID: 35229713; PMCID: PMC8919110: included as UK FASHIoN Trial. Palmer AJR, et al.,. Arthroscopic hip surgery compared with physiotherapy and activity modification for the

Commenter	Comment	Response
		treatment of symptomatic femoroacetabular impingement: multicentre randomised controlled trial. BMJ. 2019 Feb 7;364:l185. doi: 10.1136/bmj.l185. Erratum in: BMJ. 2021 Jan 18;372:m3715. doi: 10.1136/bmj.m3715. PMID: 30733197; PMCID: PMC6365841.: Included as FAIT trial. Palmer A, et al. Medium-term results of arthroscopic hip surgery compared with physiotherapy and activity modification for the treatment of femoroacetabular impingement syndrome: a multi-centre randomised controlled trial. Br J Sports Med. 2025 Jan 2;59(2):109-117. doi: 10.1136/bjsports-2023-107712. Erratum in: Br J Sports Med. 2025 Jul 17;59(15):e2. doi: 10.1136/bjsports-2023-107712corr1. PMID: 39592214.: Included as FAIT trail. Lee MS, et al. Patients Undergoing Primary Hip Arthroscopy Report Favorable Outcomes at Minimum 10 Year Follow-Up: A Systematic Review. Arthroscopy. 2023 Feb;39(2):459-475. doi: 10.1016/j.arthro.2022.10.040. Epub 2022 Nov 9. PMID: 36334852: Included for pearling and as background.
	Concern that the FIRST trial (Ayeni, et al) was excluded from 2023 signal update due to there being no non-operative treatment arm.	The focus of the prior report was on surgery for FAI/FAIS compared with conservative care, which was considered the usual clinical treatment alternative. For this update the inclusion criteria were expanded to include studies such as Ayeni which compared arthroscopic surgery with lavage as suggested by your comment.
	Concern that meta-analysis (Lamo-Espinosa, et al) used in signal update has since been retracted due to data errors and incorrect statistical model.	The retraction of the earlier version of Lamo-Espinosa has no impact on the conclusions of the signal update as the signal update report included information on/citation of the same RCTs reported in Lamo-Espinosa. An updated SR by that author group has subsequently been published.
Shyla Cochran-Dema	Provided daughter's experience with FAI and receiving hip surgery	Thank you for your comments.
Daniel Molotsky	Comments on HV knee shots	This was included in error; This is not part of the FAI topic
Marnie Hartill	Provided experience of living with FAI	Thank you for your comments.

Commenter	Comment	Response
Ty Jones	Provided Regence's policy suggesting there is enough research to show efficacy and safety	Thank you for your comments. The evidence vendor does not suggest or evaluate policy.
Jennifer Reynolds & Ayad Rahmani	Appeal provided, letter of son's experience with FAI and receiving hip surgery	Thank you for your comments. The vendor does not suggest or evaluate policy. That is the role of the HTCC

FAI = femoroacetabular impingement; HTCC = Health Technology Clinical Committee; RCT = randomized control trial; SR = systematic review.

Table 2. Responses to Public Comments to Key Question Posting

Commenter	Comment	Response
Mia Hagen	I participated in this review in 2019 and observed the voting process firsthand. At that time, the measure did not pass because the panel voted "no" on two simplified voting questions: 1. "Is hip surgery safer than nonoperative care?" 2. "Is surgery more cost-effective than nonoperative care?" The HTCC panel concluded that surgery is inherently "always riskier" and "more expensive" than nonoperative care. This assessment was made despite systematic reviews and level 1 evidence demonstrating that arthroscopic hip surgery has a very low risk profile and is more effective than nonoperative care. I believe this approach does not accurately evaluate the value of a surgical intervention. Applying such a standard universally would effectively disqualify even widely accepted surgeries for traumatic injuries, such as closed long bone fractures or patellar tendon repairs, which society recognizes as beneficial	The comments made relate to the processes used by the HTCC for policy development and the decision tool that it uses. The evidence vendor performs the synthesis of evidence based on final key questions and PICOTS scope. The vendor does not suggest or evaluate policy. That is the role of the HTCC.
	What is the evidence of the safety of arthroscopic hip surgery for FAI/FAIS compared with other standardized surgical interventions for hip pain, such as hip arthroplasty; Rationale cited as personal experience having patients in their 30s without arthritis undergoing arthroplasty due to FAI surgery not being approved under Regence UMP.	Evaluation of surgical alternatives for hip pain in general is not within the scope of this review as there are many causes of hip pain (e.g., tendonitis, pinched nerve) and a number of potential treatments for these. The extent to which there is evidence directly comparing arthroscopic surgery with other treatment options

Commenter	Comment	Response
		specifically for FAI/FAIS, data will be included and analyzed. The prior (2019) HTA compares surgical procedures for FAIS specifically. The purpose of the update review is to include new evidence on treatment specifically for FAI/FAIS.
	What is the cost-effectiveness of arthroscopic surgery for FAI/FAIS compared with nonoperative treatments or procedures not involving alteration of bone in the short or long term; Rationale cited as suggesting the HTCC examine the cost-effectiveness of other surgical interventions that do not require prior authorization.	Full economic studies compare alternative treatments for a FAI. A full economic analysis evaluates not just the costs of treatment options but also the benefits of treatment options. We will include full economic studies specific to the treatment of FAI/FAIS. As vendors we do not evaluate comparisons of treatments that are not within the scope of the review. The HTCC is a separate independent body of clinicians that will consider evidence from the report to inform their policy discussion based on their process and procedures.
Todd Blumberg	The primary flaw running through all four of the HTCC's draft questions is the rigid, exclusive comparison of arthroscopic FAI surgery to nonoperative care. Comparing a surgical intervention in a vacuum to "doing nothing" or "physical therapy" inherently skews safety and cost metrics. More importantly, it completely ignores the clinical reality of what happens when nonoperative care fails: patients ultimately develop early-onset osteoarthritis and degenerative changes, leading to premature total hip replacement.	Thank you for your comments. The purpose of this update review is to evaluate new evidence on treatment of FAI/FAIS, including the comparison of surgery with nonoperative care. For this update, the inclusion criteria were expanded to include studies such as Ayeni which compared arthroscopic surgery with lavage as suggested by other public comment.
	Suggestions to refine key questions to account for: 1. The reality of the clinical pathway, including distinguishing patients that have failed non-operative care 2. Comprehensive cost-effectiveness, including a proposal to evaluate the QALYs, DALYs, and economic impact of returning patients to do productive work, as well as the impact of early/young hip replacement Systematic health and long-term sequelae, capturing long-term societal and individual expenses of chronic pain, healthcare costs, and cost of premature degenerative joint disease and hip replacement.	The Key Questions and PICOTS include conservative care as a comparator to arthroscopic surgery for FAI/FAIS. To the extent that included studies describe whether or not patients failed nonoperative care will be reported; failure or lack of failure of conservative care is not an inclusion/exclusion criterion. Identified guidelines/expert consensus documents indicate that a trial of conservative care is commonly a first treatment. This is the primary comparator cited in the high-quality comparative studies (e.g., RCTs) for FAI/FAIS in individuals without

Commenter	Comment	Response
		significant OA or severe deformities and is cited in the literature as a treatment option in patients. The review will compare outcomes for interventions and comparators based on the evidence. Data from validated outcomes measures for function, etc. will be extracted from included studies and analyzed. To the extent that there is comparative evidence for long-term outcomes (e.g., progression to OA, need for THA), this will be reported. Full economic studies include cost-utility studies which include consideration of benefits such as QALYS, etc. To the extent that these are reported in studies that meet the inclusion criteria, they will be included in the updated review. To the extent that studies report from a societal perspective, this will be reported. It is not within the scope of the review to do *de novo* economic analyses.
Shauna Muendel	Preliminarily, the biggest concern is the lack of language around FAI occurring in the context of labral tear. Two ideas: 1. The HTA decision should allow for an exception when FAI occurs in the context of a labral repair 2. A key question should be added "What is the evidence of recurrent labral tear in the setting of untreated FAI (cam lesion or pincer lesion)?	The PICOTS will include "recurrent labral tear" as an outcome. To the extent that included studies report on recurrent or new labral tears. Based on prior public comment the review update will include a comparison of surgery that alters the bone vs. procedures that do not alter the bone. The vendor does not suggest or evaluate policy such as policy exceptions for labral tear. That is the role of the HTCC.
Kendal Callahan, Kyla Galicia, Chris Helmbold, Annette Helmbold, Kimberli Lipscomb, Katie Paulson, Karina Sanderson	Provided experience of having FAI or advocating for someone they know living with FAI.	Thank you for your comments. The vendor does not suggest or evaluate policy. That is the role of the HTCC.

FAI = femoroacetabular impingement; FAIS = femoroacetabular impingement syndrome; HTA = health technology assessment; HTCC = Health Technology Clinical Committee; RCT = randomized control trial; SR = systematic review; THA = total hip arthroplasty.

Table 3. Responses to Peer Reviews on the Draft Report

Commenter	Comment	Response
Mia Hagen	**Background:** I have concerns with the statement: "uncertainty remains regarding the comparative effectiveness, safety, and cost-effectiveness of surgery and its impact on longer-term outcomes, including osteoarthritis." There is substantial evidence supporting the effectiveness and safety of arthroscopic surgery for FAIS. • There are several >10-year follow up Level II-III studies demonstrating excellent and durable outcomes. • The evidence regarding cost-effectiveness is lower level and somewhat mixed, but there are studies demonstrating cost-effectiveness. (These cost comparisons do not fully account for the long-term costs associated with ongoing physical therapy and other nonoperative treatment. I have had patients who have been doing PT weekly for > 4 years (!) or who have had >5 (!) injections before they see me.) **• I would recommend rewording this sentence to avoid potentially overstating the degree of uncertainty or introducing unintended bias.**	Thank you for your comments. We have reviewed the abstract and executive summary for accuracy based on the findings of the review and made edits for clarity. The statement regarding uncertainty was based on the prior 2019 review and related uncertainties. In the abstract, this was intended to provide some rationale for doing an updated review based on new evidence. We have edited the abstract for clarity. The reviewer does not provide citations of studies reporting >10-year outcomes or cost-effectiveness to evaluate. The report describes limitations of all included studies, including the economic analyses.
	Objective: I have concerns about the concept of comparing the "harms" of surgery with the "harms" of nonsurgical treatment. • Framing the question this way may inadvertently establish an assumption that nonsurgical treatment is inherently safer. • As with any surgical procedure, FAIS arthroscopic surgery carries potential risks, including anesthesia-related complications; these risks are appropriately discussed as part of the informed consent process. • If the intent is to assess the overall safety of surgery for FAIS, I would suggest a different framework. • **Suggested alternative:** Focus the safety question on whether the safety profile of hip arthroscopy for FAIS is within the accepted range for other commonly performed surgical procedures of the hip. > Could do a head-to-head comparison with procedures for the hip such as THA, for example. > Complication rates from Level I–III studies could provide useful context. > I believe you will find that, based on the available literature, hip arthroscopy for FAIS appears to have a favorable safety profile compared with many other hip surgical	Thank you for your comment. Harms specific to arthroscopy are reported as such in the review. The 2019 report also detailed harms specific to FAIS surgery and did evaluate head-to-head studies related to surgery specific to treatment of FAIS. In general, the ranges for surgery-specific harms reported in the 2026 review were similar to those reported in the 2019 review. Harms that may be found in both groups are also described if reported. We are aware that harms from surgery may differ from those related to conservative care. We summarize the evidence as reported in the included studies. Comparative evaluation of the overall safety of surgery for FAIS versus other surgical procedures for other conditions is not within the scope of the current review.

Commenter	Comment	Response
	procedures, including arthroplasty and fracture fixation.	
	Limitations: The statement that "there was no evidence beyond 3 years" concerns me as a stated limitation. • Requiring >3 years of RCT data for a surgical procedure may be an unusually high evidentiary standard given the cost, feasibility, follow-up challenges, and lack of equipoise associated with long-term surgical RCTs. • I would encourage the review team to consider what comparable evidence exists for other established hip procedures. For example, does the hip or knee arthroplasty literature contain long-term RCT data comparing arthroplasty to non-surgical management, meeting this same standard? **• If this level of long term evidence is not routinely available for other accepted hip procedures, I would question whether its absence should be considered a specific limitation of hip arthroscopy for FAIS.**	Thank you for your comments. We have reviewed the report in light of these comments. The abstract indicates that the 3 years pertains to the RCT data. There is no specific "requirement" for >3 years of RCT or other types of data. The report describes the longest follow-up reported in the RCTs that was identified and that this may be a limitation of the available evidence. It also reflects a limitation of the evidence that is likely seen with many other types of procedures. It is standard practice to comment on and report the length of follow-up in a systematic review. Evaluation of evidence for hip procedures (or other areas) unrelated to FAIS or treatment of FAIS is not within the scope of the current review.
	Conclusion: I have concerns regarding the statement: "Similarly, the long-term impact of hip arthroscopy on OA progression and need for THA versus lavage or PT remains unclear." • Preventing OA progression is an important area for continued research, but I do not believe that demonstrating prevention of OA should be required to establish the clinical value of hip arthroscopy for FAIS. • Improvement in patient-reported outcomes, hip function, and pain are themselves meaningful clinical outcomes. • As a comparison, we have not definitively established that ACL reconstruction prevents the development of knee OA, yet ACL reconstruction remains a widely accepted surgical procedure. **• I would therefore question whether the emphasis on OA prevention places an unnecessarily high evidentiary threshold on hip arthroscopy for FAIS.** • This statement also does not appear to directly correspond with the objectives outlined earlier in the abstract.	Thank you for your comments. Function and pain are listed as and reported on as the primary outcomes in this report (per the PICOTS and Methods). The abstract is an abbreviated summary of the full report. The report included osteoarthritis (OA) as a secondary outcome of interest. Please see the executive summary and full report for additional context. Public comments and literature on this topic have included suggestions that surgical treatment of FAIS may help prevent or delay hip OA. Comments made on the draft KQs included comments on potential progression to early OA. Evaluation of OA has been done in all prior reports as well. Evaluation of procedures for other conditions (e.g., knee OA) are not within the scope of this review.

Commenter	Comment	Response
	Overall comments • Overall, I have concerns that the framing of the abstract may unintentionally convey a more negative assessment of surgery for FAIS than is supported by the available evidence.	Thank you for your comments. We have reviewed the abstract and executive summary to assure that it is a reflection of the methods and synthesis of evidence based on the methods.
	Overall comments • The evidentiary standards held to surgery for FAIS in the objectives/methods of this review are incongruent with standards established for most elective orthopaedic procedures.	Thank you for your comments. We followed accepted methods for systematic review and reporting (e.g., AHRQ, PCORI, Cochrane). These have been applied to a range of topics, including orthopedic procedures over the past 25 years.
	I would encourage the review team to consider reframing the questions above and, if appropriate, revisit the literature review regarding these concerns.	Thank you for your comment as well as your willingness, time, and effort to review this manuscript. The evidence vendor performs the synthesis of evidence based on final key questions and PICOTS scope. Public comments on draft questions and scope are considered in light of the overall goal of updating the previous report on the treatment(s) and condition(s) with new evidence and discussed with the HTAP before finalization.
Paul Manner	Overall, the HTA appropriately reflects the existing literature. The current literature on FAI is limited by: Relatively small studies which are unlikely to uncover differences in relatively rare outcomes, because they are inadequately powered. This is to be expected, since a study powered to detect a difference in incidence of a given event of 2% in one group and 4% in another would require a sample size of over 1000 patients. Lack of randomized trials; this is almost inevitable, since patients and treating clinicians will almost always know what treatment they've had. Lack of long term data. In my view, this is less important. Procedures for FAI ought properly to be viewed as addressing contemporaneous pain and loss of function, rather than attempting to forestall the advent of osteoarthritis. As an analogy, we do not expect meniscal surgery or ACL reconstruction in the knee to prevent arthritis; those procedures are properly applied when treating the injured knee in the here and now.	Thank you for your comments. It is good to note that the HTA appropriately reflects the existing literature. Yes, these are indeed limitations of the existing literature for FAIS treatment as well as many other procedures and treatments across medical areas.

Commenter	Comment	Response
	With respect to Key Question 1 (What is the evidence of effectiveness of hip surgery compared with non-operative for FAI/FAIS or procedures not involving alteration of bone? Including consideration of short-term (≤5 years) intermediate-term (>5 years to <10 years) and long-term (≥10 years) outcomes.) my interpretation is that arthroscopy has a small but real benefit in the short term. Long term results are simply too difficult to assess, since subsequent hip problems may have little or nothing to do with a hip procedure performed years earlier. Hip arthritis in a 45-year-old riding dirt bikes is unlikely to be the result of a hip arthroscopy performed 20 years earlier.	Thank you for your comments. They are consistent with the findings of this review.
	With respect to Key Question 2 (What is the evidence of the safety of hip surgery for FAI/FAIS compared with non-operative treatment or procedures not involving alteration of bone?) this might be more properly considered as how much additional risk is added by surgery. Without much larger sample sizes, this is almost impossible to answer, since – unless the surgical risk is overwhelming – a small but real difference will not be detected. The ultimate decision on whether to proceed should properly be made by the patient and surgeon.	Thank you for your comments. Sample size is a common concern in the evaluation of harms.
	With respect to Key Question 3 (What is the evidence that hip surgery for FAI/FAIS compared with non-operative treatment or procedures not involving alteration of bone has differential efficacy or safety in subpopulations (e.g. age, sex, psychological or psychosocial comorbidities, baseline characteristics, deformity type, degree of osteoarthritis or cartilage damage, provider type, and payer type)?) my impression from the literature is that there is general acceptance that older patients (the definition varies), patients with radiographically evident arthritis or cartilage damage, and patients with clear deformity are less likely to derive clear clinical benefit. With respect to comorbidities, there is clear evidence throughout the orthopaedic literature that patients with psychosocial or psychological problems are substantially more likely to report continued pain and disability; this is not confined to hip arthroscopy or to FAI. How to address those problems is beyond the scope of this report.	Thank you for your comments. Evaluation of factors that may modify treatment effectiveness or safety is a common limitation across the medical literature in general.

Commenter	Comment	Response
	With respect to Key Question 4 (What is the cost-effectiveness of hip surgery for FAI/FAIS compared with non-operative treatments or procedures not involving alteration of bone in the short and long term?) a long term assessment is probably not useful, since we have no long term data on effectiveness. In the short term, studies from outside the United States may be helpful in identifying trends, but less so in providing actual values. Using Canadian data, for example, relies on a very different health insurance system, and substantially different income levels, since the GDP per capita of the US is 50% higher than that of Canada.	Thank you for your comments.
	In short, the findings of the current HTA reflect the limitations of the existing literature. Those limitations are common in surgical settings, and should not provide a rationale for denial of coverage when there is clear evidence of hip pathology, and both surgeon and patient have deemed the risk to benefit calculation to be meaningfully in favor of surgical intervention.	Thank you for your comment and again for your commitment of time and energy in reviewing this health technology assessment. Your efforts are greatly appreciated. The vendor does not suggest or evaluate policy. That is the role of the HTCC.

FAI = femoroacetabular impingement; FAIS = femoroacetabular impingement syndrome; HTA = health technology assessment; HTCC = Health Technology Clinical Committee; OA = osteoarthritis; PT = physical therapy; RCT = randomized control trial; SR = systematic review; THA = total hip arthroplasty.

Table 4. Responses to Public Comments on the Draft Report

Commenter	Comment	Response
Ian McNew	Discusses the hardships of living with symptomatic impingement and the financial barriers to paying out of pocket. Requests that the HTCC adjust evidentiary standards to both weigh the patient perspective more heavily and better align with private payers who cover all procedures available to address FAI. Additionally states that the current policy has been called outdated, not in line with national care standards, and "almost malpractice" by a University of Washington hip preservation specialist.	Thank you for your comments. The vendor does not suggest or evaluate policy. That is the role of the HTCC.
Kendal Callahan	Provided experience of having FAI or advocating for someone they know living with FAI.	Thank you for your comments. The vendor does not suggest or evaluate policy. That is the role of the HTCC.

HTCC = Health Technology Clinical Committee.

From: [redacted]
To: HCA ST Health Tech Assessment Prog
Subject: Public Comment for HTCC re-review of hip surgery for FAI
Date: Monday, September 15, 2025 12:27:32 PM
Attachments: clip_image009.png
HTCC letter 2025.pdf

External Email

Please see attached letter.

Mia S. Hagen, M.D.
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UW Medicine

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September 15, 2025

To Dr Moran and the HTCC:

I am writing to respectfully petition the Washington State Health Technology Clinical Committee to approve and ensure coverage of surgical treatment for Femoroacetabular Impingement (FAI) under WA state-funded healthcare plans. I am an Associate Professor at the University of Washington, a team physician for the UW Huskies, the Associate Program Director for our orthopaedic surgery residents at UW, and a board-certified and subspecialty board-certified hip preservation and sports medicine specialist. I am a member of ANCHOR (Academic Network of Conservational Hip Outcomes Research) hip preservation group (which has been funded by the United States Department of Defense) as well as a member of the International Society for Hip Arthroscopy (ISHA), the Arthroscopy Association of North America (AANA), the American Orthopaedic Society for Sports Medicine (AOSSM), and a member of the Board of Councilors for the American Academy of Orthopaedic Surgeons (AAOS). I am a member of the ongoing clinical practice guidelines (CPG) workgroup for hip preservation for the AAOS. I am happy to provide my full CV upon request.

Respectfully, the HTCC decision to not authorize operative treatment for femoroacetabular impingement syndrome (FAI / FAIS) is outdated and contrary to the standard of care nationally and internationally. FAI is a globally recognized condition. Multiple randomized controlled trials have demonstrated efficacy of the procedure over non-surgical care and patient outcomes are excellent with minimal complications with advancements in technology for hip arthroscopy. Training in hip arthroscopy has become a standardized part of sports medicine fellowship surgical training and is often included in standard orthopaedic resident training as well as incorporated in arthroscopic simulator and virtual reality training for residents. The main procedure performed internationally and nationally via hip arthroscopy is osteoplasty and labral repair or debridement for FAI.

I have performed many peer-to-peer conversations trying to get these surgeries approved for our patients with state-sponsored health insurance and even during these conversations the physicians employed by the insurance plans admit that the decision to leave this as an uncovered benefit is out-of-date but there is nothing they can do. The fact that this is still happening in Washington state discriminates against patients on state-run

Department of Orthopaedic Surgery
and Sports Medicine

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health care plans who have no financial means to acquire commercial insurance. Those patients under the Regence UMP plan with FAI who desire surgery end up switching to Kaiser insurance (available through the University of Washington) or paying out of pocket for the procedure which delays care and creates unnecessary cost to these patients already paying high premiums for insurance. No other commercial plan has these restrictions on surgery for FAI. Other Regence plans recognize surgery for FAI as a covered benefit. For more information please see this link from the Regence website, https://beonbrand.getbynder.com/m/44215e0cc478da83/ : "There is enough research to show that surgical treatment of femoroacetabular impingement can improve pain and function in some patients. Therefore, this surgery may be considered medically necessary for patients who meet the policy criteria".)

Interestingly, insurance plans following the HTCC guidelines have historically approved hip arthroscopy for labral repairs of labral tears, but not osteoplasty (as "FAI" is not recognized as a diagnosis). As we know, isolated labral repair without osteoplasty leads to poorer patient outcomes as demonstrated in prospective cohort analyses as well as randomized controlled trials (see references at end of this document). As a high-volume hip preservation surgeon, I think it is almost malpractice at this point to do a labral repair without osteoplasty in a patient with clear radiographic hip impingement.

I participated in the review of this decision in 2019. At the end of a long presentation on all the evidence demonstrating that FAI is a real condition and postoperative outcomes to osteoplasty and labral treatment are excellent, the committee agreed that it is a real condition and that surgery provides benefit to patients. However, the two parts of voting that prevented the decision from being overturned were: 1) "is surgery for FAI safer than non-operative care?" and 2) "is surgery for FAI cheaper than non-operative care?". The committee members felt that as a principle, surgery has inherently more risks than any non-surgical intervention. So, by this narrow definition of risk, I don't think #1 above would ever get overturned. The second portion #2, was based on the committee decision that despite numerous strong studies that have demonstrated the cost effectiveness of surgery for FAI, the level of evidence still "wasn't strong enough" to overturn #2. To this, I would say, that most surgical cost analyses studies aren't even as well-performed as the ones that have been done for FAI and if this is the metric by which these decisions get overturned, this will probably never happen for this condition. I would also argue that many surgeries that are not subject to prior authorization would similarly struggle to show cost efficacy with Level 1 evidence given the complexity of these analyses. Additionally, **emerging**

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evidence is documenting the protective effect of FAI correction on reducing progression of osteoarthritis. I thus urge the committee to consider different criteria when re-reviewing the decision on hip surgery for FAI.

Additionally, upon my review of the most recent update in evidence in 2023, I was surprised at a few things. 1) The FIRST trial (Ayeni et al) was excluded from review. This is a critical trial demonstrating the importance of osteoplasty for treatment of FAI. It was excluded as there was "no non-operative treatment arm" but this makes no sense as the purpose of the trial was to show whether FAI needs to be corrected for the osseous impingement or if it can just respond to surgery to address a labral tear. 2) The meta-analysis that was heavily used in the evidence update (Lamo-Espinosa et al) has since been retracted "due to data errors and an incorrect statistical model". I recommend including a hip surgeon to assist with any literature reviews in the future for this critically important decision that affects hundreds if not thousands of patients.

The HTCC needs to overturn the outdated decision regarding FAIS as a non-recognized pathology and uncovered benefit. This decision is out-of-date with the rest of the world in 2025, as all other commercial plans recognize FAI as a covered diagnosis and surgery for this condition as a covered benefit. The upcoming AAOS CPGs will make it very clear that the HTCC's policy on this procedure is an outlier. While my affluent patients can pay out of pocket for this surgical care, this is an unacceptable solution. The HTCC's current stance negatively impacts the poorest, most vulnerable members of our community who cannot get their insurance to approve surgical care for their hip pain that is recalcitrant to nonsurgical management.

Here are publications since 2019 review that may be of interest:

https://pubmed.ncbi.nlm.nih.gov/40182563/

Results: Sixteen studies (2278 hips) with FAIS were included, in which 1196 hips underwent HA and 1082 hips were treated nonoperatively. There were 8 ST studies, 4 MT studies, and 4 LT studies. A meta-analysis of 2 comparative studies found 32% (P = .002) less risk of progression of radiographic OA (any increase in grading) with HA compared with nonoperative management. In addition, there was a nonsignificant 23% (P = .35) decreased risk of conversion to THA/hip resurfacing with HA. For all studies, there was a progression of hip OA ranging from 0% to 37.1% for ST studies, 11.5% to 23% for MT studies, and 4.3% to 28% for LT studies.

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Conclusion: Our systematic review demonstrated that studies of patients undergoing HA for FAIS demonstrated increased radiographic progression of hip OA over time. Although significantly limited by only 2 retrospective cohort studies, subgroup analysis comparing operative versus nonoperative management demonstrated a 32% reduction in the radiographic progression of OA (any increase in grading) at the LT follow-up. However, there were no significant differences in the risk of THA/hip resurfacing. Future long-term, high-level controlled studies are needed to help further understand this important clinical question.

https://pubmed.ncbi.nlm.nih.gov/35400136/

Conclusion: This study demonstrated that for adults between the ages of 18 and 50 years with FAI, arthroscopic osteochondroplasty was associated with a 2.5-fold decrease in the hazard of reoperation at any point in time compared with arthroscopic lavage.

https://pubmed.ncbi.nlm.nih.gov/32970955/

Conclusion: Both the osteochondroplasty and the lavage groups with or without labral repair for FAI had significantly improved pain or function significantly at 1 year. By 2 years, the reoperation rate was significantly lower in the osteochondroplasty group.

https://pubmed.ncbi.nlm.nih.gov/34399702/

Conclusion: The primary outcome of dGEMRIC showed no statistically significant difference between PHT and arthroscopic hip surgery at 12 months of follow-up. Patients treated with surgery reported greater benefits in symptoms at 12 months compared to PHT, but these benefits are not explained by better hip cartilage metabolism.

https://pubmed.ncbi.nlm.nih.gov/35229713/

Conclusion: Hip arthroscopy and personalised hip therapy both improved hip-related quality of life for patients with femoroacetabular impingement syndrome. Hip arthroscopy led to a greater improvement in quality of life than personalised hip therapy, and this difference was clinically significant at 12 months. This study does not demonstrate cost-effectiveness of hip arthroscopy compared with personalised hip therapy within the first 12 months. Further follow-up will reveal

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whether or not the clinical benefits of hip arthroscopy are maintained and whether or not it is cost-effective in the long term.

https://pubmed.ncbi.nlm.nih.gov/30733197/

Conclusions: Patients with symptomatic FAI referred to secondary or tertiary care achieve superior outcomes with arthroscopic hip surgery than with physiotherapy and activity modification.

https://pubmed.ncbi.nlm.nih.gov/39592214/

Conclusions: No difference was seen between groups on radiographic measures of OA progression. Patients with FAI syndrome treated surgically may experience superior pain and function outcomes, and less MRI-measured cartilage damage compared with physiotherapy.

https://pubmed.ncbi.nlm.nih.gov/36334852/

Conclusions: At long-term follow-up, patients who underwent primary hip arthroscopy demonstrated favorable outcomes and variable rates of secondary surgeries. Patients undergoing hip arthroscopy within the last 20 years with Tönnis grade <1 and labral repair experienced greater than 90% survivorship. Chondral damage and older age were the most cited predictors for conversion to THA.

Sincerely,



Mia S. Hagen, MD
Associate Professor, Department of Orthopaedic Surgery & Sports Medicine
Associate Program Director, Orthopaedic Surgery Residency Program
Team Physician, Washington Huskies

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From: [redacted]
To: HCA ST Health Tech Assessment Prog
Cc: [redacted]
Subject: Re: PEBB - FAIS - Please reconsider coverage
Date: Monday, September 15, 2025 2:15:13 PM
Attachments: fai-topic-selection-letter-2025.pdf
Appeal # 3 doc.pdf
PREMERA FAIS Policy - Standard of Care.pdf
Importance: High

External Email

Good Morning,

I was recently notified that the HCA's HTCC will be reviewing its policy on Femoroacetabular impingement syndrome (FAIS).

I am once again writing to implore the committee to update its policy to include the medically necessary surgical coverage for this condition.

Please see attached documents.

Our daughter has battled FAIS for years and surgery was recommend by multiple specialists after she became mostly incapacitated, having difficulty doing the most basic of tasks, lost her job and was extremely depressed.

HCA first denied our daughter's surgical procedure in July 2024. We entered into a long appeal process with HCA, completing 3 appeals, all resulting in total denial of coverage for the medicallly necessary surgical procedure that would help our daughter. Our daughter met all requirements and standards per the Premera FAIS Policy (attached) but was denied based soley on the HCA/HTCC exlcusions, not based on medical neccessity or the standard of care as recommend by the American Academy of Orthopedic Surgery.

As of 01/01/2025 our family made the decision to drop our coverage with HCA and obtain alternative medical coverage through another BlueCross/BlueShield provider.
As of 8/4/25, our daughter has had BOTH hips repaird with arthroscopy. Her recovery has been outstanding and she is regaining her mobility, her mental health has improved and she is hopeful to once again be able to participate in the activities she loves and that keep her both physically and emotionally healthy.

Our family is the exception - most people do not have the privilege to be able to switch insurance companies. Please do what is not only medically proven, but also morally right and include surgical coverage for this condition.

Please let me know what information, documentation or testimony we can provide to help

ensure that coverage for this condition & the surgical procedures to treat it are added into the state employee health insurance plan.

Shyla Dema
Program Administrator
UW School of Medicine
Regional Affairs, AK WWAMI
[redacted]

From: Shyla K. Cochran-Dema
Sent: Friday, January 31, 2025 10:24 AM
To: shtap@hca.wa.gov <shtap@hca.wa.gov>
Subject: PEBB - FAIS - Please reconsider coverage

Good Morning HCA/HTCC Team,
Please review the attached documents in consideration of Dr. Mia Hagen's petition to update the PEBB policy on coverage of FAIS corrective surgery.

As a parent of a child who has suffered for years, I implore you to use common sense and good medical judgement.

Thank you for your time.

Shyla Dema
Program Administrator
UW School of Medicine
Regional Affairs, AK WWAMI
[redacted]

From: [redacted]
To: HCA ST Health Tech Assessment Prog
Subject: FAI patient failed by WA state code
Date: Monday, September 22, 2025 4:36:19 PM

External Email

Dear HTA,

I have been enduring hip pain since 2014 and have tried multiple forms of treatment since then, with Xrays showing 5mm ossification in my right hip in 2022 and subsequent PT which did not help in the long term. Xrays from April 2025 show 8mm ossification in the same right hip. It took a long time enduring doctor's suggestions that I [redacted] scan to finally get through another round of doctors and PT to finally get the MRI of my hip showing that I have a significant tear in my labrum and FAI.

It's been since July that the MRI has been available to my doctors but I cannot get help needed. Why? Because my SEBB WA state employee's [redacted] insurance plan with [redacted] will not allow me surgery with any mention of FAI. I have been in so much pain especially in the two years with a fully torn labrum, so much so that now my lower spine has an "extreme" bulge in my L4-L5. These complications are likely due to problems with enduring weakness in my hip.

There is no end to my hip pain in sight for me. There is no treatment aside from surgery.

It seems to me that the WA HTCC made a sweeping decision that my [redacted] is capitalizing on, and so now I cannot get any surgery support whatsoever. Is it true that a complete hip replacement would be more favorable to HTCC than a laparoscopic or endoscopic less invasive procedure? Here's my MRI results.

[redacted]

I wish that the system was not failing me. [redacted] and endure pain all the time. I face [redacted] every day, smiling my best in spite of the pain in my failing hip, but WA state is failing me.

Sincerely,

Marnie Hartill
[redacted]

From: [redacted]
To: HCA ST Health Tech Assessment Prog
Subject: Hip Surgery for Femoroacetabular Impingement Syndrome (FAI)
Date: Wednesday, October 1, 2025 1:13:44 PM
Attachments: Femoroacetabular Impingement Surgery.pdf

External Email

Hello HTCC team,

I wanted to share that Regence's policy team has concluded that there **is** enough research to show that surgical treatment of femoroacetabular impingement can improve pain and function in some patients and thus provides coverage when medical necessity criteria is met. I have attached Regence's policy in the hope that the evidence summary (starting on page 5 of the attachment) may complement the committee's considerations regarding this topic.

Ty Jones, MD, FAAFP, CPPS, CPHQ (he/him)
Senior Medical Director, HCA Account
Regence BlueShield WA
[redacted]

[redacted]

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From: [redacted]
To: HCA ST Health Tech Assessment Prog
Subject: Insurance coverage appeal for Hip Arthroscopy for Femoroacetabular Impingement (FAI) for Milan Rahmani
Date: Friday, October 3, 2025 9:30:16 AM
Attachments: Appeal for Milan Rahmani 10032025.pdf

External Email

Good Morning,

I'm sending the attached letter of appeal written by [redacted] for the Hip Arthroscopy for Femoroacetabular Impingement (FAI) surgery. He asked me to send this on his behalf because he's in the middle of [redacted] and in the [redacted]. We sincerely appreciate the opportunity to be a part of the reconsideration of insurance coverage for this procedure. This is especially true because after [redacted] had this surgery on one hip, found a great deal of relief, and was then told insurance coverage was a mistake and the other hip that badly needs the same surgery would not be covered. It has prevented him from longer periods of walking, running is out of the question, and has created an imbalance that affects his entire body.

Please keep us posted on any developments, we are hoping for a positive outcome.

Sincerely,
Jennifer

Jennifer Reynolds, Associate DBIA
[redacted]
University Project Delivery Group
(she, her)
Project Delivery Group
[redacted]
UNIVERSITY of WASHINGTON

From: [redacted]
To: HCA ST Health Tech Assessment Prog
Subject: Public comment on key questions for FAI
Date: Monday, February 23, 2026 5:19:58 PM
Attachments: clip_image009.png

External Email

To Whom It May Concern,

I am submitting public comment regarding the key questions for the FAI review with HTCC.

I would like to suggest revisions to two of the proposed questions:

2. *What is the evidence of the safety of arthroscopic hip surgery for FAI/FAIS compared with non-operative treatment or procedures not involving alteration of bone?*

4. *What is the cost-effectiveness of arthroscopic surgery for FAI/FAIS compared with nonoperative treatments or procedures not involving alteration of bone in the short and long term?*

I participated in this review in 2019 and observed the voting process firsthand. At that time, the measure did not pass because the panel voted "no" on two simplified voting questions:

1. "Is hip surgery safer than nonoperative care?"
2. "Is surgery more cost-effective than nonoperative care?"

The HTCC panel concluded that surgery is inherently "always riskier" and "more expensive" than nonoperative care. This assessment was made despite systematic reviews and level 1 evidence demonstrating that arthroscopic hip surgery has a very low risk profile and is more effective than nonoperative care.

I believe this approach does not accurately evaluate the value of a surgical intervention. Applying such a standard universally would effectively disqualify even widely accepted surgeries for traumatic injuries, such as closed long bone fractures or patellar tendon repairs, which society recognizes as beneficial.

I propose the following revisions to better align the review with clinical reality and evidence:

2. *What is the evidence of the safety of arthroscopic hip surgery for FAI/FAIS compared with other standardized surgical interventions for hip pain, such as hip arthroplasty?*
Rationale: Due to current HTCC restrictions, I have had patients in their 30s without arthritis undergo arthroplasty because FAI surgery was not approved under Regence UMP—a clear disservice to our WA state community.

4. *What is the cost-effectiveness of arthroscopic surgery for FAI/FAIS compared with nonoperative treatments or procedures not involving alteration of bone in the short and long*

term?
Rationale: I encourage the committee to examine cost-effectiveness analyses for other surgical interventions that do not require prior authorization. This may help clarify whether this question is necessary for the upcoming review.

Thank you for your consideration of these proposed revisions. I appreciate the committee's work in ensuring that reviews are evidence-based and aligned with the needs of our patient community.

Mia Hagen, M.D.

Mia S. Hagen, M.D.
Associate Professor, Department of Orthopaedic Surgery & Sports Medicine
Associate Program Director, Orthopaedic Surgery Residency
Team Physician, Washington Huskies
University of Washington
[redacted]

UW Medicine

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From: [redacted]
To: HCA ST Health Tech Assessment Prog
Subject: Public comment on FAI draft key questions
Date: Wednesday, February 25, 2026 7:44:00 AM

External Email

To the Health Technology Clinical Committee,

I am submitting a public comment regarding the draft key questions for the FAI/FAIS review.

The primary flaw running through all four of the HTCC's draft questions is the rigid, exclusive comparison of arthroscopic FAI surgery to nonoperative care. Comparing a surgical intervention in a vacuum to "doing nothing" or "physical therapy" inherently skews safety and cost metrics. More importantly, it completely ignores the clinical reality of what happens when nonoperative care fails: patients ultimately develop early-onset osteoarthritis and degenerative changes, leading to premature total hip replacement.

To ensure this review aligns with evidence-based medicine, I recommend the committee refine the key questions to account for the following:

1. The Reality of the Clinical Pathway: Framing effectiveness without distinguishing patients who have *failed* non-operative care ignores the actual clinical algorithm. While non-surgical care may be cheaper and safer initially, it contradicts evidence-based medicine to deny surgical intervention to patients who have exhausted these modalities.
2. Comprehensive Cost-Effectiveness: Assessing cost-effectiveness based strictly on the upfront procedural price tag is fundamentally flawed. I propose that the cost-effectiveness of arthroscopic surgery for FAI/FAIS be evaluated by specifically factoring in QALYs, DALYs, and the economic impact of returning patients to productive work, or the potential for a early/young total hip replacement and the potential costs of having to require revision arthroplasty surgery when older.
3. Systemic Health and Long-Term Sequelae: A true cost analysis must capture the massive long-term societal and individual expense of chronic pain, the long-term healthcare costs of reduced cardiovascular and metabolic health due to a patient's limited ability to exercise, and the cost of premature degenerative joint disease and ultimately, hip replacement.

Thank you for your time, consideration, and dedication to ensuring that Washington state healthcare policies are guided by the highest levels of evidence and comprehensive patient care.

Thank you,

Todd Blumberg, MD
Director, Child and Young Adult Hip Preservation Program

Director, Quality and Outcomes
Orthopedics and Sports Medicine
Seattle Children's Hospital
Associate Professor, University of Washington

[redacted]

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From: [redacted]
To: HCA ST Health Tech Assessment Prog
Subject: FW: FAI draft KQ
Date: Tuesday, February 24, 2026 4:19:23 PM
Attachments: image001.png

FYI

From: Muendel, Shauna B (LNI) [redacted]
Sent: Tuesday, February 24, 2026 2:53 PM
To: Franklin, Gary M. (LNI) [redacted]; Farokhi, Azadeh (LNI) [redacted]; Zhao, Ian (LNI) [redacted]
Subject: RE: FAI draft KQ

Hi Gary,
Thanks for the email. I shared the draft with Comagine. Preliminarily, the biggest concern is the lack of language around FAI occurring in the context of labral tear.
Two ideas:

1. The HTA decision should allow for an exception when FAI occurs in the context of a labral repair
2. A key question should be added "What is the evidence of recurrent labral tear in the setting of untreated FAI (cam lesion or pincer lesion)?

I will keep you posted if I hear more from John etc.
Thanks,
Shauna

Shauna Muendel, MPA, BSN, RN
Utilization Review Unit Manager
[redacted]

The Utilization Review Unit is making an exciting process update. Please begin using the email below for Comagine and delay-related inquiries.

OMD Clinical, Comagine and Delay-related Inquiries Box [redacted]
From: Franklin, Gary M. (LNI) [redacted]
Sent: Tuesday, February 24, 2026 9:28 AM
To: Farokhi, Azadeh (LNI) [redacted]; Zhao, Ian (LNI) [redacted] **Cc:** Muendel, Shauna B (LNI) [redacted]
Subject: RE: FAI draft KQ

Shauna,

Can you please share the draft key questions on FAI with Comagine to be sure we are not missing anything? But we need ffeedback soon.

Thanks,

Gary

From: [redacted]
To: HCA ST Health Tech Assessment Prog
Subject: Hip Surgery for FAI Comment
Date: Saturday, February 21, 2026 11:29:38 AM

External Email

Hello,

I would like to submit my below letter to you regarding adding FAI hip surgery as an approved benefit for those who receive SEBB insurance through the Washington State Health Authority. I have lived in significant pain for almost two years now, have tried all other non-surgical treatments, and need this surgery to improve my quality of life. Surgery is the next step my surgeon has recommended to remedy my condition. I hope my letter can be shared with those making this decision, so they realize how impacted someone can be from suffering from the same ailment. It is not fair that I am left to live in pain for the rest of my life with no other options available, until this surgery becomes part of my Certificate of Coverage. I appreciate your consideration in spreading awareness of the need for this surgery, and I hope that a positive decision can be made soon to help improve the lives of others living in the same situation as myself.

Thank you for your time,

Kendel Callahan

To Whom it May Concern:

My name is Kendel Callahan, and I am a resident [redacted]. I am writing to request your assistance regarding a serious health insurance issue that has left me without access to medically necessary care.

I have been diagnosed with femoroacetabular impingement (FAI) syndrome with a tear in my left hip labrum. I have experienced persistent and worsening pain since [redacted], including clicking and locking sensations, significant stiffness, and increasing difficulty with prolonged sitting, standing, and daily activities. [redacted] I am constantly squatting, bending, sitting in small chairs or stools, and standing for long periods of time. This condition has substantially impacted my ability to function and maintain a normal quality of life.

For over a year and a half, I have exhausted all conservative, non-surgical treatment options including:

- [redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Despite these considerable efforts, my condition has not improved and is in fact worsening. My treating orthopedic surgeon has determined that surgical intervention is medically necessary and is the appropriate next step in care.

However, the Washington State Health Authority has labeled FAI syndrome surgery "experimental." Therefore, my health insurance [redacted] has to deny authorization for this procedure. The classification of it being "experimental" is deeply concerning. Delaying or denying appropriate surgical treatment places me at risk of developing osteoarthritis in my hip joint, which could warrant an early total hip replacement. Beyond physical harm, this has created significant emotional distress and anxiety, all while I continue to deteriorate without access to appropriate care.

I am respectfully requesting your assistance in reviewing this matter and helping to

ensure that Washington residents are protected from inappropriate insurance denials that misuse the term “experimental” to avoid covering medically necessary treatment. I would also like to see the Washington State Health Authority approve FAI syndrome as a medically necessary surgical procedure. I would greatly appreciate any support you can provide. I am happy to provide [redacted] Thank you for your time, attention, and service to our community. I sincerely appreciate your help and look forward to your response.

Sincerely,

Kendel Callahan

[redacted]

[redacted]

From: [redacted]
To: HCA ST Health Tech Assessment Prog
Subject: Public Comment – FAIS Surgery Coverage
Date: Wednesday, February 25, 2026 11:25:56 AM

External Email

Dear Health Technology Assessment Committee,

I am writing in response to the draft key questions regarding hip surgery for femoroacetabular impingement syndrome (FAIS).

[redacted]s living with a diagnosed labral tear caused by FAI. She is in constant pain. Simple things — sitting for long periods, walking, exercising, even sleeping — are difficult. She has done the physical therapy. She has modified her activity. She has tried conservative treatment. Nothing has resolved the pain because the underlying structural problem remains.

Right now, surgery is not covered. That means her only options are to continue living in pain or pay out of pocket for a procedure she cannot afford.

This condition is not elective or cosmetic. It affects young, active people in the prime of their lives. Delaying or denying treatment risks further joint damage and possibly earlier hip replacement down the road. More importantly, it prolongs daily suffering.

I respectfully ask the committee to consider the real human impact behind this policy decision. For patients who have clearly failed conservative care and have confirmed structural impingement, access to arthroscopic treatment can mean the difference between ongoing disability and getting their life back.

Thank you for your time and thoughtful review.

Sincerely,
Kyla Galicia (Barr)
[redacted]

From: [redacted]
To: HCA ST Health Tech Assessment Prog
Subject: Public Comment: Support for Draft Key Questions – Hip Surgery for FAI (2026)
Date: Wednesday, February 25, 2026 11:56:34 AM

External Email

To the Health Technology Assessment Program,

I am writing to support the Draft Key Questions for the 2026 re-review of hip surgery for FAI. While I am not a resident of Washington, I am advocating for a [redacted] who lives in your state and suffers from chronic, debilitating pain due to this condition.

I specifically support Key Question 1 (Effectiveness) and Key Question 2 (Long-term Outcomes) for the following reasons:

• Functional Impact: For patients [redacted] FAI is not a 'lifestyle' issue; it is a barrier to basic movement and employment. I support the draft's focus on patient-reported functional outcomes, as these truly measure a person's ability to return to the workforce and daily life.
• Preventative Necessity: I urge the committee to prioritize the data in KQ2 regarding the delay of osteoarthritis. Denying access to arthroscopic surgery often forces patients to wait until they require a total hip replacement—a far more invasive and costly burden on the state's healthcare system.

The 2026 review should emphasize the most recent clinical evidence (2020–2025), which reflects significant advancements in surgical success since the last review.

Thank you for ensuring that Washington residents have access to these life-changing interventions.

Chris Helmbold
[redacted]

From: [redacted]
To: HCA ST Health Tech Assessment Prog
Subject: Hip Surgery for FAI (2026)
Date: Wednesday, February 25, 2026 7:18:48 AM

External Email

To the Health Technology Assessment Program,

I am writing in support of the Draft Key Questions for the 2026 re-review of hip surgery for femoroacetabular impingement (FAI).

While I am not a Washington resident, I am submitting this comment because someone I care about — [redacted] — has been suffering for years from severe hip pain caused by a labral tear associated with FAI. I have personally witnessed how profoundly this condition affects daily life — limiting mobility, interfering with employment, and diminishing overall quality of life. This is not a minor or elective issue; it is a chronic, debilitating medical condition.

I strongly support Key Question 1 (Effectiveness) and Key Question 2 (Long-term Outcomes) for several reasons:

• Functional Restoration Matters
For patients [redacted] the primary goal is simply to regain the ability to move without constant pain. Patient-reported outcomes related to mobility, work capacity, and daily functioning are critical measures of success and should remain central to this review.

• Preventing More Severe Disease
Access to arthroscopic treatment can help prevent or delay progression to osteoarthritis and the eventual need for total hip replacement. Denying coverage for a less invasive intervention may ultimately lead to higher costs and worse outcomes for both patients and the healthcare system.

• Updated Evidence Is Essential
Significant advances in surgical techniques and outcomes have occurred since earlier reviews. The 2026 re-evaluation should place strong emphasis on the most current evidence (2020–2025), which better reflects modern clinical practice and patient outcomes.

I respectfully urge the committee to consider the real-world impact on Washington residents [redacted] who are living with chronic pain and functional limitations due to FAI. Access to appropriate surgical treatment has the potential to restore independence, employment, and quality of life.

Thank you for your time and for your commitment to evidence-based healthcare decisions that serve the people of Washington.

Sincerely,
Annette Helmbold

[redacted]

From: [redacted]
To: HCA ST Health Tech Assessment Prog
Subject: Public Comment: Support for Draft Key Questions – Hip Surgery for FAI (2026)
Date: Tuesday, February 24, 2026 7:37:34 PM

External Email

To the Health Technology Assessment Program,

I am writing to support the Draft Key Questions for the 2026 re-review of hip surgery for FAI. While I am not a resident of Washington, I am advocating for a [redacted] who lives in your state and suffers from chronic, debilitating pain due to this condition.

I specifically support Key Question 1 (Effectiveness) and Key Question 2 (Long-term Outcomes) for the following reasons:

• Functional Impact: For patients like my friend, FAI is not a 'lifestyle' issue; it is a barrier to basic movement and employment. I support the draft's focus on patient-reported functional outcomes, as these truly measure a person's ability to return to the workforce and daily life.
• Preventative Necessity: I urge the committee to prioritize the data in KQ2 regarding the delay of osteoarthritis. Denying access to arthroscopic surgery often forces patients to wait until they require a total hip replacement—a far more invasive and costly burden on the state's healthcare system.

The 2026 review should emphasize the most recent clinical evidence (2020–2025), which reflects significant advancements in surgical success since the last review.

Thank you for ensuring that Washington residents have access to these life-changing interventions.

Matt Lipscomb
[redacted]

From: [redacted]
To: HCA ST Health Tech Assessment Prog
Subject: Yes
Date: Tuesday, February 24, 2026 8:46:02 PM

External Email

I believe people should be able to have this cost covered by insurance. Thank you
Katie Paulson

From: [redacted]
To: HCA ST Health Tech Assessment Prog
Subject: Femoroacetabular impingement
Date: Tuesday, February 24, 2026 7:37:01 PM

External Email

To whom it may concern,
I am writing on behalf of those suffering from Femoroacetabular impingement. As someone who has two chronic pain diseases, I can testify how much pain can impair your life. Often times pain medications come with risks such as addiction, side effects, not working as well as your body gets used to them, and sometimes liver or stomach damage. These are temporary solutions to a problem and should not be considered a permanent treatment. If treatment exists that can cure or reverse the cause of the pain then it should be available for patients on any insurance plan. In the long run it is better for the patient and more cost effective for insurance companies. I strongly urge those reading this to vote in favor of adding coverage on all health care plans the necessary surgery for Femoroacetabular impingement. If a doctor has deemed a procedure to be necessary then it is a necessary procedure and should be covered.

Thank you for your time,
Karina Sanderson

From: [redacted]
To: HCA ST Health Tech Assessment Prog
Subject: FAI Surgery Public Comment
Date: Monday, September 7, 2026 4:46:14 PM

External Email

To Whom it May Concern:

I submitted my personal letter in the last public comment period, but would like to again express my urgent wishes in having FAI surgery added to our Certificate of Coverage. I am walking proof of someone in desperate need of this surgery. I am going into my third year of living in severe pain. I have exhausted all necessary treatment options including numerous pain medications, over three rounds of physical therapy, massage therapy, a steroid injection that only provided 3 days of relief, and countless doctor's appointments with specialists and a surgeon. My surgeon deems it medically necessary that I receive this surgery to fix the problem. [redacted] I am on my feet all day long and walk up and down stairs multiple times a day. I am committed to [redacted] yet perform my duties living in severe pain every day. This is not fair! This needs to be changed immediately. The mental and physical toll this condition has had on me is difficult. I have had to [redacted] of being in pain everyday. I am still committed to physical therapy and massage therapy, however, these only provide temporary relief. I have spent thousands of dollars in medical bills over the past two years dealing with this condition, when surgery could have eliminated that burden and helped remedy the issue. I understand surgery comes at a cost and there has not been a lot of research on the effectiveness of this surgery, however, I am asking you to please consider certain exceptions. For those that have gone through all the necessary steps like I have, we deserve to be considered for this surgery. We do not deserve to live in pain for the rest of our lives. I am [redacted] ooking at an early age hip replacement if the deterioration continues with my labral tear. Again, I am please asking you to reconsider adding FAI surgery to our Certificate of Coverage to allow those like myself living in pain, to have a chance at a normal pain free life. If this is not approved and added, I ask you to please answer these questions. What is one like myself supposed to do now, when all other treatment options have failed? If surgery is not an option for us, what else is? Do you think it is acceptable to deny someone access to a medical procedure that has been deemed medically necessary and has the potential to finally alleviate pain and suffering?

Thank you for your consideration.

Sincerely,

[redacted]

From: [redacted]
To: HCA ST Health Tech Assessment Prog
Subject: Re: Public Comment on HTCC Re-review of Hip Surgery for Femoroacetabular Impingement Syndrome (FAIS)
Date: Friday, September 25, 2026 12:28:21 PM
Attachments: [redacted]

External Email

To the Members of the Health Technology Clinical Committee:

My name is [redacted] and I am writing as a patient who has been directly harmed by the HTCC's current non-coverage determination for hip surgery for femoroacetabular impingement syndrome. I respectfully request that the Committee give patient perspectives serious weight as it makes this coverage decision, and I ask that you consider the real-world consequences of continuing the current policy for people like me.

My Injury and Diagnosis

In July 2025, I sustained a right hip injury that resulted in severe pain and loss of the ability to walk without a cane, a limitation I still live with today, more than 14 months later.

After multiple imaging studies, specialist evaluations, months of physical therapy, and a corticosteroid injection that exacerbated my symptoms, I was diagnosed with:

- Cam-type femoroacetabular impingement, right hip
- Degenerative acetabular labral tear with separation at the contralabral junction
- Os acetabuli at the lateral margin of the acetabulum

My surgeon, [redacted], has recommended arthroscopic femoroplasty (CPT 29914), acetabuloplasty (CPT 29915), and labral repair (CPT 29916), the precise procedures under this re-review.

The Coverage Denial and Its Financial Impact

I [redacted]

As a result, I am facing $8,643 in out-of-pocket costs for the denied surgeon fees alone. These are not elective, quality-of-life procedures. They are the surgical correction of an impinging bony deformity that is preventing me from walking normally, sleeping without medication, and lifting my young son.

The HTCC's decision does not just affect my wallet & quality of life. It has determined what care I am permitted to receive.

What This Means in Practice

For over a year, I have:

- Lived in immense daily pain
- Walked with a cane every day
- Been unable to lift or carry my toddler son without pain
- Required medication nightly to manage pain well enough to sleep
- Watched my function plateau despite physical therapy, exercise, and a corticosteroid injection
- Been told by my surgeon that the structural cause of my symptoms, the bony impingement, cannot be resolved without the surgery the HTCC has declared non-covered

Conservative treatment has not worked. The evidence your own draft report acknowledges, that surgery may improve function and pain versus physical therapy, with clinically meaningful improvements across multiple validated outcome measures, is consistent with my experience: physical therapy has not resolved the underlying structural problem. The failed corticosteroid injection further confirms that non-surgical management has been genuinely exhausted.

The Gap Between HTCC Policy and the Standard of Care

The UW hip preservation specialist who petitioned the HTCC for this re-review wrote that the current non-coverage decision is "outdated and contrary to the standard of care nationally and internationally," and that performing labral repair without addressing the underlying bony impingement would be "almost malpractice." I am a patient caught exactly in that gap: the two procedure codes that were approved address only part of my anatomy, and the three that were denied are the ones that address the structural cause.

[redacted] in this state and nationally routinely cover these procedures when medical necessity criteria are met. The HTCC determination creates a two-tiered system in which the same surgery is available to my neighbors with commercial insurance and unavailable to me, not because my need is different, [redacted]

My Request to the Committee

I am not asking the Committee to lower its evidentiary standards. I understand the importance of evidence-based coverage decisions. I am asking the Committee to weigh, alongside the clinical evidence, what the current policy actually means for real patients:

- A year or more on a cane while waiting for a re-review process to conclude
- Thousands of dollars in out-of-pocket costs for surgery that every private insurer treats as standard care
- A structural hip deformity that physical therapy cannot correct, continuing to damage the labrum & cause pain with **every step**

The new evidence reviewed in the 2026 draft report, the multiple randomized controlled trials published since 2019, and the international clinical consensus all point in the same direction. I am grateful that the HCA Director selected this topic for re-review. I urge the Committee to **please** update the coverage determination to reflect the current evidence and to treat

Washington State employees equitably with the rest of the insured population.

Thank you for your time and for the work you do. I am happy to answer any questions or provide additional documentation of my diagnosis or treatment history. Thank you for considering this letter in your deliberations.

Respectfully submitted,

[redacted]