

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC32 Ultrasound Guided Injections for Hip Pain (Trochanteric Bursitis and Osteoarthritis of the Hip)
Date of BOB ICB Adoption	February 2024

Trochanteric bursitis/ greater trochanteric pain syndrome (GTPS)

Most cases of trochanteric bursitis/ greater trochanteric pain syndrome are self-limiting and can be treated at home. Due to limited evidence of effectiveness, corticosteroid injections are only funded for patients who have tried and failed conservative methods of treatment including:

- resting the affected area
- use of ice packs
- anti-inflammatory medication
- weight loss as appropriate

Ultrasound (US) guidance is **not normally funded** to guide injections for GTPS.

US guided injection can only be considered in refractory cases where diagnosis is uncertain and 2-3 landmark guided injections have failed to relieve symptoms.

Osteoarthritis of the hip

Consider intra-articular steroid injection as an adjunct to core treatments (patient information, exercise and manual therapy and weight loss as appropriate) for the short- term pain relief of moderate to severe pain in people with hip osteoarthritis. Offer image guidance as clinically appropriate with the most cost-effective imaging option.

This policy is in alignment with the Clinical Knowledge Summary for GTPS¹ and NICE Clinical Guideline 177 Osteoarthritis: care and management (2014)².

¹<http://cks.nice.org.uk/greater-trochanteric-pain-syndrome-trochanteric-bursitis#!management>

²<http://www.nice.org.uk/guidance/cg177>

ICD10 Diagnosis Codes

M70.6 Trochanteric bursitis (GTPS)

M16.- Coxarthrosis – osteoarthritis of hip

OPCS Procedure Codes

W90.3 Injection of therapeutic substance into joint
with

Y53.2 Approach to organ under ultrasonic control
 and
 Z84.3 Hip Joint
 OR
 W90.4 Injection into joint NEC
 with
 Y53.2 Approach to organ under ultrasonic control
 and
 Z84.3 Hip Joint

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- BOBFPC clinical policies can be viewed at [Clinical Commissioning Policy Statements & IFRs | BOB ICB](#)

Recommendation made by TVPC	November 2015 Reviewed July 2018 Reviewed July 2021
Date adopted and issued by OCGG	February 2016 Update September 2018 January 2021 September 2021