

Magellan Health Care¹
2019 Hip, Knee and Shoulder Surgery Authorization and CPT Code
Reference Guide

1. PROCEDURES WITHIN PROCEDURES

Does the ordering surgeon need a separate request for all hip, knee and shoulder procedures being performed during the same surgery on the same date of service?

No. Magellan Healthcare provides a list of Surgery categories to choose from and the Surgeon must select the most complex Surgery being performed as the Primary Surgery.

Example: Shoulder Rotator Cuff Repair

If the Surgeon is planning Shoulder Rotator Cuff Repair with claviclectomy the surgeon will select Shoulder Rotator Cuff Repair procedure. The Surgeon does not need to request a separate authorization for the claviclectomy. This is included in the Rotator Cuff Repair authorization.

Example: Knee Meniscectomy/Meniscal Repair/Meniscal Transplant

If the Surgeon is planning a Knee Meniscectomy with Synovectomy the surgeon will select Knee Meniscectomy/Meniscal Repair/Meniscal Transplant. The Surgeon does not need to request a separate authorization for the Synovectomy. This is included in the Knee Meniscectomy authorization.

2. MULTIPLE CPT CODES

Will the ordering Physician need to enter each CPT procedure code being performed the Surgery?

No. Magellan Healthcare will provide a list of surgery categories to choose from and the ordering physician must select the primary surgery (most invasive/complex) being performed.

Does a rotator cuff repair authorization include a labral repair procedure?

No. In the rare event that both a labral repair and a rotator cuff repair are being performed, two different authorizations will be required for the surgery. Initiate a prior authorization request for a rotator cuff and a separate authorization for a labral repair.

Are 2 authorizations required if bilateral surgery is requested?

If any joint surgery is to be performed bilaterally (modifier -50) on the same date of service, separate authorizations are required for each joint.

¹National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

3. MULTIPLE SURGEONS/PRACTITIONERS:

Does the assistant surgeon need an authorization?

No. If there are two surgeons involved in a surgery case the authorization covers more than one professional billing for the service.

The following pages provides a summary of which CPT codes and procedures are associated with the *Primary Surgery* authorization

Hip Surgery	
<i>Payment for procedures is contingent on the patient's eligibility and plan limitations, if any at the time the service is delivered.</i>	
Authorization Primary Surgical Procedure and CPT Codes <i>Magellan/NIA provides authorization for <u>primary surgery</u> requested. Any of the listed CPT code procedures codes can be submitted on the claim for the authorized procedure.</i> Parent code authorized for primary surgery highlighted in yellow	Additional Surgical Procedures Covered for Hip Surgery <i>There may be multiple procedures associated with a hip surgery. Magellan/NIA provides an authorization for the <u>primary surgery</u> requested. However, associated surgery procedures are covered by the authorization. Examples below: Note: This is not an extensive listing of all procedures that may be covered with the primary procedure</i>
Revision/Conversion Hip Arthroplasty 27132, 27134, 27137, 27138	
Total Hip Arthroplasty/Resurfacing 27130, S2118	
Femoroacetabular Impingement (FAI) Hip Surgery <i>Includes: CAM/Pincher & Labral Repair</i> 29914, 29915, 29916	Synovectomy/Loose Body Removal : 29863, 29861 Debridement/ Chondroplasty/Abrasion Arthroplasty: 29862
Hip Surgery – Other <i>Includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy</i> 29860, 29861, 29862, 29863	

Knee Surgery

Payment for procedures is contingent on the patient's eligibility and plan limitations, if any at the time the service is delivered.

<p>Authorization Primary Surgical Procedure and CPT Codes: Magellan provides authorization for <u>primary surgery</u> requested. Any of the listed CPT code procedures codes can be submitted on the claim for the authorized procedure. *Parent code authorized for primary surgery highlighted in yellow</p>	<p>Additional Surgical Procedures Covered for Knee Surgery: There may be multiple procedures associated with a knee surgery. Magellan provides an authorization for the <u>primary surgery</u> requested. However, associated surgery procedures are covered by the authorization. Examples below. Note: This is not an extensive listing of all procedures that may be covered with the primary procedure</p>
<p>Revision Knee Arthroplasty 27486, 27487, 27488, 27438</p>	
<p>Total Knee Arthroplasty (TKA) 27447</p>	
<p>Partial-Unicompartmental Knee Arthroplasty (UKA) 27446</p>	
<p>Knee Manipulation under Anesthesia (MUA) 27570, 29884</p>	
<p>Knee Ligament Reconstruction /Repair 27405, 27407, 27409, 27427, 27428, 27429, 29888, 29889</p>	<p>Meniscectomy/Meniscal Repair : 27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883 Patellar Realignment/ Lateral Release: 27418, 27420, 27422, 27424, 27425, 29873 Articular Cartilage Restoration: 27412, 27415, 27416, 29866, 29867, 29879</p>
<p>Knee Meniscectomy/Meniscal Repair/Meniscal Transplant 27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883</p>	<p>Patellar Realignment/ Lateral Release: 27418, 27420, 27422, 27424, 27425, 29873 Articular Cartilage Restoration: 27412, 27415, 27416, 29866, 29867, 29879 Synovectomy: 29875, 29876 Loose Body Removal: 29874 Chondroplasty/ Debridement: 29877, G0289</p>
<p>Knee Surgery – Other <i>Includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration</i> 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 29866, 29867, 29870, 29873, 29874, 29875, 29876, 29877, 29879, G0289</p>	

Shoulder Surgery

Payment for procedures is contingent on the patient's eligibility and plan limitations, if any at the time the service is delivered.

<p>Authorization Primary Surgical Procedure and CPT Codes: Magellan provides authorization for <u>primary surgery</u> requested. Any of the listed CPT code procedures codes can be submitted on the claim for the authorized procedure. *Parent code authorized for primary surgery highlighted in yellow</p>	<p>Additional Surgical Procedures Covered for Shoulder Surgery: There may be multiple procedures associated with a knee surgery. Magellan provides an authorization for the <u>primary surgery</u> requested. However, associated surgery procedures are covered by the authorization. Examples below: Note: This is not an extensive listing of all procedures that may be covered with the primary procedure.</p>	
<p>Revision Shoulder Arthroplasty 23473, 23474</p>	<p>Prosthesis removal 23334, 23335</p>	
<p>Total/Reverse Shoulder Arthroplasty or Resurfacing 23472</p>		
<p>Partial Shoulder Arthroplasty/Hemiarthroplasty 23470</p>		
<p>Shoulder Rotator Cuff Repair 23410, 23412, 23420, 29827</p> <p><i>NOTE: if a labral repair is also being performed a separate labral repair auth is required.</i></p>	<p>Claviclectomy 23120, 23125, 29824</p> <p>Synovectomy 29820, 29821</p> <p>Decompression 23130, 29826, 23415</p>	<p>Tenodesis/ Tenotomy 29828, 23430, 23405</p> <p>Debridement 29822, 29823</p>
<p>Shoulder Labral Repair <i>Includes Bankart, SLAP, capsulorrhaphy</i> 23450, 23455, 23460, 23462, 23465, 23466, 29806, 29807, S2300</p>	<p>Claviclectomy 23120, 23125, 29824</p> <p>Synovectomy 29820, 29821</p> <p>Decompression 23130, 29826, 23415</p>	<p>Tenodesis/ Tenotomy 29828, 23430, 23405</p> <p>Debridement 29822, 29823</p>
<p>Frozen Shoulder Repair/Adhesive Capsulitis <i>Includes lysis and resection of adhesions</i> 29825</p>	<p>Manipulation 23700</p> <p>29825 is inclusive of debridement and synovectomy</p>	
<p>Shoulder Surgery Other <i>Includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviclectomy, diagnostic shoulder arthroscopy</i></p> <p>23120, 23125, 23130, 23405, 23415, 23430, 23700, 29805, 29819, 29820, 29821, 29822, 29823, 29824, 29826+, 29828</p>		

*The **parent code** is the primary procedure code provided to the health plan for authorization and claims payment. The other procedure codes associated with **parent code** are included as part in the authorization.