

**Utilization Review Matrix 2021  
Musculoskeletal Surgery (Hip, Knee and Shoulder)**

<b>HIP SURGERY</b>				
<b>Primary Surgery Request</b>	<b>Primary CPT Code</b>	<b>Primary Surgery Allowable Billed Groupings</b>	<b>Additional Covered Procedures/Codes</b>	<b>Other Procedure Names</b>
<p align="center"><i>Authorization is provided for the <u>primary surgery</u> requested. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary surgery request and when completed in combination, do not require a separate authorization.</i></p>				
<b>Revision/Conversion Hip Arthroplasty</b>	<b>27134</b>	27132, 27134, 27137, 27138		Revision hip replacement, Revision THA, Revision THR, "Re-do" hip replacement
<b>Total Hip Arthroplasty/Resurfacing</b>	<b>27130</b>	27130, S2118		Total hip replacement, THA, THR
<b>Femoroacetabular Impingement (FAI) Hip Surgery</b>	<b>29914</b>	29914, 29915, 29916	<b>Loose Body Removal:</b> 29861 <b>Chondroplasty:</b> 29862 <b>Synovectomy:</b> 29863	Labral repair, Cartilage repair, CAM lesion, Pincer lesion, Acetabuloplasty, Femoroplasty
<b>Hip Surgery – Other</b>	<b>29863</b>	29860, 29861, 29862, 29863		Diagnostic arthroscopy, Synovectomy, Loose body removal, Debridement, Chondroplasty, Hip scope

KNEE SURGERY				
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Other Procedure Names
<p><i>Authorization is provided for the primary surgery requested. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary surgery request and when completed in combination, do not require a separate authorization.</i></p>				
Revision Knee Arthroplasty	27487	27486, 27487		Revision knee replacement, Revision TKA, Revision TKR, "Re-do" knee replacement
Total Knee Arthroplasty (TKA)	27447	27447		Total knee replacement, TKA, TKR
Partial-Unicompartmental Knee Arthroplasty (UKA)	27446	27446, 27438		Partial knee replacement, Unicompartmental knee replacement
Knee Manipulation under Anesthesia (MUA)	27570	27570, 29884		Lysis of adhesions, Scar tissue removal
Knee Ligament Reconstruction/Repair	29888	27405, 27407, 27409, 27427, 27428, 27429, 29888, 29889	<p><b>Meniscectomy:</b> 27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883</p> <p><b>Autologous chondrocyte implantation:</b> 27412</p> <p><b>Osteochondral Allograft/Autograft:</b> 27415, 27416, 29866, 29867</p> <p><b>Anterior tibial tubercleplasty:</b> 27418</p> <p><b>Reconstruction of Dislocating Patella:</b> 27420, 27422, 27424</p> <p><b>Lateral Release:</b> 27425, 29873</p>	Anterior cruciate ligament (ACL), Posterior cruciate ligament (PCL), Medial collateral ligament (MCL), Lateral collateral ligament (LCL), Medial Patellofemoral Ligament (MPFL), Dislocating patella

			<b>Chondroplasty:</b> 29877 <b>Microfracture:</b> 29879	
<b>Knee Meniscectomy/Meniscal Repair/Meniscal Transplant</b>	<b>29880</b>	27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883	<b>Autologous chondrocyte implantation:</b> 27412  <b>Osteochondral Allograft/Autograft:</b> 27415, 27416, 29866, 29867  <b>Anterior tibial tubercleplasty:</b> 27418  <b>Reconstruction of Dislocating Patella:</b> 27420, 27422, 27424  <b>Lateral Release:</b> 27425, 29873  <b>Loose Body Removal:</b> 29874  <b>Synovectomy:</b> 29875, 29876  <b>Chondroplasty:</b> 29877  <b>Microfracture:</b> 29879  <b>Misc. (see code description):</b> G0289	
<b>Knee Surgery – Other</b>	<b>29879</b>	27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 29866, 29867, 29870, 29873, 29874, 29875, 29876, 29877, 29879, G0289		Diagnostic arthroscopy, Autologous chondrocyte implantation, Osteochondral Allograft/Autograft, Anterior tibial tubercleplasty, Reconstruction of Dislocating Patella, Lateral Release, Loose Body Removal, Synovectomy, Chondroplasty, Microfracture

<b>SHOULDER SURGERY</b>				
<b>Primary Surgery Request</b>	<b>Primary CPT Code</b>	<b>Primary Surgery Allowable Billed Groupings</b>	<b>Additional Covered Procedures/Codes</b>	<b>Other Procedure Names</b>
<p><i>Authorization is provided for the <u>primary surgery</u> requested. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary surgery request and when completed in combination, do not require a separate authorization.</i></p>				
<b>Revision Shoulder Arthroplasty</b>	<b>23474</b>	23473, 23474		Revision shoulder replacement, Revision TSA, Revision TSR, "Re-do" shoulder replacement
<b>Total/Reverse Shoulder Arthroplasty or Resurfacing</b>	<b>23472</b>	23472		Total shoulder replacement, TSA, TSR
<b>Partial Shoulder Arthroplasty/Hemiarthroplasty</b>	<b>23470</b>	23470		Partial shoulder replacement
<b>Frozen Shoulder Repair/Adhesive Capsulitis</b>	<b>29825</b>	29825	<b>Manipulation under Anesthesia:</b> 23700	Lysis of adhesions, Capsular release, Break up scar tissue
<b>Shoulder Labral Repair</b>	<b>29806</b>	23450, 23455, 23460, 23462, 23465, 23466, 29806, 29807	<b>Claviclectomy:</b> 23120, 23125 <b>Acromioplasty:</b> 23130 <b>Coracoacromial ligament release:</b> 23415 <b>Biceps Tenotomy/Tenodesis:</b> 23405, 23430, 29828 <b>Synovectomy:</b> 29820, 29821 <b>Debridement:</b> 29822, 29823	SLAP repair, Bankart repair (can include Remplissage procedure), Capsulorrhaphy, Latarjet procedure

			<b>Distal Clavicle Excision (Mumford procedure):</b> 29824  <b>Subacromial Decompression:</b> 29826	
<b>Shoulder Rotator Cuff Repair</b>	<b>29827</b>	23410, 23412, 23420, 29827	<b>Claviculectomy:</b> 23120, 23125  <b>Acromioplasty:</b> 23130  <b>Coracoacromial ligament release:</b> 23415  <b>Biceps Tenotomy/Tenodesis:</b> 23405, 23430, 29828  <b>Synovectomy:</b> 29820, 29821  <b>Debridement:</b> 29822, 29823  <b>Distal Clavicle Excision (Mumford procedure):</b> 29824  <b>Subacromial Decompression:</b> 29826	Arthroscopic superior capsular reconstruction
<b>Shoulder Surgery - Other</b>	<b>23415</b>	23120, 23125, 23130, 23405, 23415, 23430, 23700, 29805, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29828		Diagnostic arthroscopy, Claviculectomy, Acromioplasty, Coracoacromial ligament release, Biceps Tenotomy/Tenodesis, Synovectomy, Debridement, Distal Clavicle Excision (Mumford procedure), Subacromial Decompression

- **Payment for procedures is contingent on the patient’s eligibility and plan limitations, if any, at the time the service is delivered.**
- **Musculoskeletal surgery services rendered through the Emergency Department are not managed by Magellan Healthcare.**
- **Magellan Healthcare does not prior authorize or manage the facility precertification for musculoskeletal surgery services.**
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**NOTE: If any joint surgery is to be performed bilaterally on the same date of service, separate authorizations are required.**