

**Utilization Review Matrix 2022  
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**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 Inpatient ONLY<sup>1</sup></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 <u>primary surgery</u> requested.</i></p> <p><i>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 Knee Arthroplasty</b>	<b>27487</b>	27486, 27487		Revision knee replacement, Revision TKA, Revision TKR, "Re-do" knee replacement
<b>Total Knee Arthroplasty (TKA) Inpatient ONLY<sup>1</sup></b>	<b>27447</b>	27447		Total knee replacement, TKA, TKR
<b>Partial-Unicompartmental Knee Arthroplasty (UKA)</b>	<b>27446</b>	27446, 27438		Partial knee replacement, Unicompartmental knee replacement
<b>Knee Manipulation under Anesthesia (MUA)</b>	<b>27570</b>	27570, 29884		Lysis of adhesions, Scar tissue removal
<b>Knee Ligament Reconstruction/Repair</b>	<b>29888</b>	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> <p><b>Loose Body Removal:</b> 29874</p> <p><b>Synovectomy:</b> 29875, 29876</p> <p><b>Chondroplasty:</b> 29877</p>	Anterior cruciate ligament (ACL), Posterior cruciate ligament (PCL), Medial collateral ligament (MCL), Lateral collateral ligament (LCL), Medial Patellofemoral Ligament (MPFL), Dislocating patella

			<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

## SHOULDER 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 <u>primary surgery</u> requested.</i></p> <p><i>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>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	SLAP repair, Bankart repair (can include Remplissage procedure), Capsulorrhaphy, Latarjet procedure

			<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

<sup>1</sup> When done on an **inpatient** basis, Total Hip (27130) and Total Knee (27447) arthroplasties are reviewed for medical necessity of the procedure, as well as for place of service (POS). When done as an **outpatient**, prior authorization is **not** required from Magellan Healthcare.

- **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.**

*NOTE: If any joint surgery is to be performed bilaterally on the same date of service, separate authorizations are required.*