

**Utilization Review Matrix 2022
WellFirst Health**

Musculoskeletal Surgery (Hip, Knee and Shoulder)

HIP SURGERY				
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Other Procedure Names
<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>				
Revision/Conversion Hip Arthroplasty	27134	27132, 27134, 27137, 27138		Revision hip replacement, Revision THA, Revision THR, "Re-do" hip replacement
Total Hip Arthroplasty/Resurfacing Inpatient ONLY ¹	27130	27130, S2118		Total hip replacement, THA, THR
Femoroacetabular Impingement (FAI) Hip Surgery	29914	29914, 29915, 29916	Loose Body Removal: 29861 Chondroplasty: 29862 Synovectomy: 29863	Labral repair, Cartilage repair, CAM lesion, Pincer lesion, Acetabuloplasty, Femoroplasty
Hip Surgery – Other	29863	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>				
Revision Knee Arthroplasty	27487	27486, 27487		Revision knee replacement, Revision TKA, Revision TKR, "Re-do" knee replacement
Total Knee Arthroplasty (TKA) <i>Inpatient ONLY¹</i>	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>Meniscectomy: 27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883</p> <p>Autologous chondrocyte implantation: 27412</p> <p>Osteochondral Allograft/Autograft: 27415, 27416, 29866, 29867</p> <p>Anterior tibial tubercleplasty: 27418</p> <p>Reconstruction of Dislocating Patella: 27420, 27422, 27424</p> <p>Lateral Release: 27425, 29873</p> <p>Loose Body Removal: 29874</p> <p>Synovectomy: 29875, 29876</p>	Anterior cruciate ligament (ACL), Posterior cruciate ligament (PCL), Medial collateral ligament (MCL), Lateral collateral ligament (LCL), Medial Patellofemoral Ligament (MPFL), Dislocating patella

			Chondroplasty: 29877 Microfracture: 29879	
Knee Meniscectomy/Meniscal Repair/Meniscal Transplant	29880	27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883	Autologous chondrocyte implantation: 27412 Osteochondral Allograft/Autograft: 27415, 27416, 29866, 29867 Anterior tibial tubercleplasty: 27418 Reconstruction of Dislocating Patella: 27420, 27422, 27424 Lateral Release: 27425, 29873 Loose Body Removal: 29874 Synovectomy: 29875, 29876 Chondroplasty: 29877 Microfracture: 29879 Misc. (see code description): G0289	
Knee Surgery – Other	29879	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>				
Revision Shoulder Arthroplasty	23474	23473, 23474		Revision shoulder replacement, Revision TSA, Revision TSR, "Re-do" shoulder replacement
Total/Reverse Shoulder Arthroplasty or Resurfacing	23472	23472		Total shoulder replacement, TSA, TSR
Partial Shoulder Arthroplasty/Hemiarthroplasty	23470	23470		Partial shoulder replacement
Frozen Shoulder Repair/Adhesive Capsulitis	29825	29825	Manipulation under Anesthesia: 23700	Lysis of adhesions, Capsular release, Break up scar tissue
Shoulder Labral Repair	29806	23450, 23455, 23460, 23462, 23465, 23466, 29806, 29807	Claviclectomy: 23120, 23125 Acromioplasty: 23130 Coracoacromial ligament release: 23415 Biceps Tenotomy/Tenodesis: 23405, 23430, 29828 Synovectomy: 29820, 29821 Debridement: 29822, 29823	SLAP repair, Bankart repair (can include Remplissage procedure), Capsulorrhaphy, Latarjet procedure

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

¹ 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.