Highmark Wholecare
Utilization Review Matrix 2024
Musculoskeletal Surgery (Hip, Knee and Shoulder)

HIP SURGERY			
Primary Surgery Request	**Primary CPT Code**	**Primary Surgery Allowable Billed Groupings**	**Additional Covered Procedures/Codes**
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.*			
Revision/Conversion Hip Arthroplasty	**27134**	27132, 27134, 27137, 27138	
Total Hip Arthroplasty/Resurfacing	**27130**	27130, S2118	
Femoroacetabular Impingement (FAI) Hip Surgery	**29914**	29914, 29915, 29916	**Loose Body Removal:** 29861 **Chondroplasty:** 29862 **Synovectomy:** 29863
Hip Surgery – Other	**29863**	29860, 29861, 29862, 29863	

KNEE SURGERY			
Primary Surgery Request	**Primary CPT Code**	**Primary Surgery Allowable Billed Groupings**	**Additional Covered Procedures/Codes**
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.*			
Revision Knee Arthroplasty	**27487**	27486, 27487	
Total Knee Arthroplasty (TKA)	**27447**	27447	
Partial-Unicompartmental Knee Arthroplasty (UKA)	**27446**	27446, 27438	
Knee Manipulation under Anesthesia (MUA)	**27570**	27570, 29884	
Knee Ligament Reconstruction/Repair	**29888**	27405, 27407, 27409, 27427, 27428, 27429, 29888, 29889	**Meniscectomy:** 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 **OCD Lesion:** 29885, 29886, 29887

KNEE SURGERY			
Primary Surgery Request	**Primary CPT Code**	**Primary Surgery Allowable Billed Groupings**	**Additional Covered Procedures/Codes**
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.*			
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 **OCD Lesion:** 29885, 29886, 29887
Knee Surgery – Other	**29879**	27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 29866, 29867, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29885, 29886, 29887, G0289	

SHOULDER SURGERY			
Primary Surgery Request	**Primary CPT Code**	**Primary Surgery Allowable Billed Groupings**	**Additional Covered Procedures/Codes**
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.*			
Revision Shoulder Arthroplasty	**23474**	23473, 23474	
Total/Reverse Shoulder Arthroplasty or Resurfacing	**23472**	23472	
Partial Shoulder Arthroplasty/Hemiarthroplasty	**23470**	23470	
Frozen Shoulder Repair/Adhesive Capsulitis	**29825**	29825	**Manipulation under Anesthesia:** 23700
Shoulder Labral Repair	**29806**	23450, 23455, 23460, 23462, 23465, 23466, 29806, 29807	**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

SHOULDER SURGERY			
Primary Surgery Request	**Primary CPT Code**	**Primary Surgery Allowable Billed Groupings**	**Additional Covered Procedures/Codes**
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.*			
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
Shoulder Surgery - Other	**23415**	23120, 23125, 23130, 23405, 23415, 23430, 23700, 29805, 29819, 29820, 29821, 29822, 29823, 29824, 29825, +29826, 29828	

- 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 NIA.
- NIA 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.

Please note not all codes listed may be covered by PA Medical Assistance. To validate, please reference the PA Medical Assistance Fee Schedule at: https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx

National Imaging Associates (NIA)[1] is a separate company that administers prior authorization for certain services for Highmark Wholecare.

[1]*Effective 1/20/2023, National Imaging Associates, Inc. is now a subsidiary of Evolent Health. Evolent Health and its affiliates and subsidiaries collectively referred to as "Evolent."*

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association ("Highmark Wholecare").