



FROM | coordinated care



**Ambetter from Coordinated Care
Utilization Review Matrix 2024
Joint Surgery (Hip, Knee, and Shoulder)**

| HIP SURGERY PROCEDURES | | | |
|---|-------------------------|-----------------------------------|--|
| Procedure Name | Primary CPT Code | Allowable Billed Groupings | Additional Covered Procedures/Codes |
| <i>Authorization is provided at the <u>procedure</u> level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</i> | | | |
| 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 PROCEDURES | | | |
|---|-------------------------|-----------------------------------|--|
| Procedure Name | Primary CPT Code | Allowable Billed Groupings | Additional Covered Procedures/Codes |
| <i>Authorization is provided at the <u>procedure</u> level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</i> | | | |
| Revision Knee Arthroplasty | 27487 | 27486, 27487 | |
| Total Knee Arthroplasty (TKA) | 27447 | 27447 | |

KNEE SURGERY PROCEDURES

| Procedure Name | Primary CPT Code | Allowable Billed Groupings | Additional Covered Procedures/Codes |
|--|------------------|--|--|
| <p><i>Authorization is provided at the <u>procedure</u> level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</i></p> | | | |
| 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 | <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> <p>Chondroplasty: 29877</p> <p>Microfracture: 29879</p> <p>OCD Lesion: 29885, 29886, 29887</p> |

KNEE SURGERY PROCEDURES

| Procedure Name | Primary CPT Code | Allowable Billed Groupings | Additional Covered Procedures/Codes |
|--|------------------------------------|--|---|
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| <p align="center">Knee Meniscectomy/Meniscal Repair/Meniscal Transplant</p> | <p align="center">29880</p> | <p>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> <p>Chondroplasty: 29877</p> <p>Microfracture: 29879</p> <p>Misc. (see code description): G0289</p> <p>OCD Lesion: 29885, 29886, 29887</p> |
| <p align="center">Knee Surgery – Other</p> | <p align="center">29879</p> | <p>27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 29866, 29867, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29885, 29886, 29887, G0289</p> | |

SHOULDER SURGERY PROCEDURES

| Procedure Name | Primary CPT Code | Allowable Billed Groupings | Additional Covered Procedures/Codes |
|---|------------------|--|---|
| <i>Authorization is provided at the <u>procedure</u> level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</i> | | | |
| 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 | Claviclectomy: 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 PROCEDURES | | | |
|--|------------------|--|--|
| Procedure Name | Primary CPT Code | Allowable Billed Groupings | Additional Covered Procedures/Codes |
| <p><i>Authorization is provided at the <u>procedure</u> level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</i></p> | | | |
| Shoulder Rotator Cuff Repair | 29827 | 23410, 23412, 23420, 29827 | <p>Claviclectomy: 23120, 23125</p> <p>Acromioplasty: 23130</p> <p>Coracoacromial ligament release: 23415</p> <p>Biceps Tenotomy/Tenodesis: 23405, 23430, 29828</p> <p>Synovectomy: 29820, 29821</p> <p>Debridement: 29822, 29823</p> <p>Distal Clavicle Excision (Mumford procedure): 29824</p> <p>Subacromial Decompression: +29826</p> |
| 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 Evolent (formerly National Imaging Associates, Inc.)**
- **Evolent 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.