

## Ambetter from Magnolia Health Utilization Review Matrix 2024 Joint Surgery

HIP 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>			
Revision/Conversion Hip Arthroplasty	<b>27134</b>	27132, 27134, 27137, 27138	
Total Hip Arthroplasty/Resurfacing	<b>27130</b>	27130, S2118	
Femoroacetabular Impingement (FAI) Hip Surgery	<b>29914</b>	29914, 29915, 29916	<b>Loose Body Removal:</b> 29861  <b>Chondroplasty:</b> 29862  <b>Synovectomy:</b> 29863



<b>Hip Surgery – Other</b>	<b>29863</b>	29860, 29861, 29862, 29863	
<b>KNEE SURGERY PROCEDURES</b>			
<b>Procedure Name</b>	<b>Primary CPT Code</b>	<b>Allowable Billed Groupings</b>	<b>Additional Covered Procedures/Codes</b>
<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>			
<b>Revision Knee Arthroplasty</b>	<b>27487</b>	27486, 27487	
<b>Total Knee Arthroplasty (TKA)</b>	<b>27447</b>	27447	
<b>Partial-Unicompartmental Knee Arthroplasty (UKA)</b>	<b>27446</b>	27446, 27438	
<b>Knee Manipulation under Anesthesia (MUA)</b>	<b>27570</b>	27570, 29884	



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<p><b>Knee Ligament Reconstruction/Repair</b></p>	<p><b>29888</b></p>	<p>27405, 27407, 27409, 27427, 27428, 27429, 29888, 29889</p>	<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> <p><b>Microfracture:</b> 29879</p> <p><b>OCD Lesion:</b> 29885, 29886, 29887</p>
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<p style="text-align: center;"><b>Knee Meniscectomy/Meniscal Repair/Meniscal Transplant</b></p>	<p style="text-align: center;"><b>29880</b></p>	<p>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> <p><b>Microfracture:</b> 29879</p> <p><b>Misc. (see code description):</b> G0289</p> <p><b>OCD Lesion:</b> 29885, 29886, 29887</p>
<p style="text-align: center;"><b>Knee Surgery – Other</b></p>	<p style="text-align: center;"><b>29879</b></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
<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>			
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

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Shoulder Labral Repair	29806	23450, 23455, 23460, 23462, 23465, 23466, 29806, 29807	<p><b>Claviclectomy:</b> 23120, 23125</p> <p><b>Acromioplasty:</b> 23130</p> <p><b>Coracoacromial ligament release:</b> 23415</p> <p><b>Biceps Tenotomy/Tenodesis:</b> 23405, 23430, 29828</p> <p><b>Synovectomy:</b> 29820, 29821</p> <p><b>Debridement:</b> 29822, 29823</p> <p><b>Distal Clavicle Excision (Mumford procedure):</b> 29824</p> <p><b>Subacromial Decompression:</b> +29826</p>

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Shoulder Rotator Cuff Repair	29827	23410, 23412, 23420, 29827	<p><b>Claviclectomy:</b> 23120, 23125</p> <p><b>Acromioplasty:</b> 23130</p> <p><b>Coracoacromial ligament release:</b> 23415</p> <p><b>Biceps Tenotomy/Tenodesis:</b> 23405, 23430, 29828</p> <p><b>Synovectomy:</b> 29820, 29821</p> <p><b>Debridement:</b> 29822, 29823</p> <p><b>Distal Clavicle Excision (Mumford procedure):</b> 29824</p> <p><b>Subacromial Decompression:</b> +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.*