



**Wellcare Louisiana  
Utilization Review Matrix 2024  
Musculoskeletal 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>			
<b>Revision/Conversion Hip Arthroplasty</b>	<b>27134</b>	27132, 27134, 27137, 27138	
<b>Total Hip Arthroplasty/Resurfacing</b>	<b>27130</b>	27130, S2118	
<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
<b>Hip Surgery – Other</b>	<b>29863</b>	29860, 29861, 29862, 29863	

**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>			
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	<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>

			<b>Synovectomy:</b> 29875, 29876 <b>Chondroplasty:</b> 29877 <b>Microfracture:</b> 29879 <b>OCD Lesion:</b> 29885, 29886, 29887
<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>OCD Lesion:</b> 29885, 29886, 29887
<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, 29885, 29886, 29887, G0289	

### 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>			
<b>Revision Shoulder Arthroplasty</b>	<b>23474</b>	23473, 23474	
<b>Total/Reverse Shoulder Arthroplasty or Resurfacing</b>	<b>23472</b>	23472	
<b>Partial Shoulder Arthroplasty/Hemiarthroplasty</b>	<b>23470</b>	23470	
<b>Frozen Shoulder Repair/Adhesive Capsulitis</b>	<b>29825</b>	29825	<b>Manipulation under Anesthesia:</b> 23700
<b>Shoulder Labral Repair</b>	<b>29806</b>	23450, 23455, 23460, 23462, 23465, 23466, 29806, 29807	<b>Claviclectomy:</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

<b>Shoulder Rotator Cuff Repair</b>	<b>29827</b>	23410, 23412, 23420, 29827	<b>Claviclectomy:</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
<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	

- 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