



**Ambetter from Superior HealthPlan  
2024 Utilization Review Matrix  
Joint Surgery**

| <b>HIP 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/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<br><b>Chondroplasty:</b> 29862<br><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   |  |
| <b>Knee Ligament Reconstruction/Repair</b>              | <b>29888</b> | 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> <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> |

|  |                                    |  |   |
|--|------------------------------------|--|---|
| <p align="center"><b>Knee<br/>Meniscectomy/Meniscal<br/>Repair/Meniscal Transplant</b></p> | <p align="center"><b>29880</b></p> | <p>27332, 27333, 27403, 29868, 29880,<br/>29881, 29882, 29883</p>  | <p><b>Autologous chondrocyte implantation:</b> 27412</p> <p><b>Osteochondral Allograft/Autograft:</b> 27415, 27416, 29866,<br/>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 align="center"><b>Knee Surgery – Other</b></p>  | <p align="center"><b>29879</b></p> | <p>27412, 27415, 27416, 27418, 27420,<br/>27422, 27424, 27425, 29866, 29867,<br/>29870, 29873, 29874, 29875, 29876,<br/>29877, 29879, 29885, 29886, 29887,<br/>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> |                                    |                            |                                     |
| <p align="center"><b>Revision Shoulder Arthroplasty</b></p>  | <p align="center"><b>23474</b></p> | <p>23473, 23474</p>        |                                     |

|   |              |  |  |
|---|--------------|--|--|
| <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: 23700</b>  |
| <b>Shoulder Labral Repair</b>                             | <b>29806</b> | 23450, 23455, 23460, 23462, 23465, 23466, 29806, 29807 | <b>Claviculectomy: 23120, 23125</b><br><b>Acromioplasty: 23130</b><br><b>Coracoacromial ligament release: 23415</b><br><b>Biceps Tenotomy/Tenodesis: 23405, 23430, 29828</b><br><b>Synovectomy: 29820, 29821</b><br><b>Debridement: 29822, 29823</b><br><b>Distal Clavicle Excision (Mumford procedure): 29824</b><br><b>Subacromial Decompression: +29826</b> |
| <b>Shoulder Rotator Cuff Repair</b>                       | <b>29827</b> | 23410, 23412, 23420, 29827                             | <b>Claviculectomy: 23120, 23125</b><br><b>Acromioplasty: 23130</b><br><b>Coracoacromial ligament release: 23415</b><br><b>Biceps Tenotomy/Tenodesis: 23405, 23430, 29828</b><br><b>Synovectomy: 29820, 29821</b><br><b>Debridement: 29822, 29823</b><br><b>Distal Clavicle Excision (Mumford procedure): 29824</b><br><b>Subacromial Decompression: +29826</b> |

|                                 |              |   |  |
|---------------------------------|--------------|---|--|
| <b>Shoulder Surgery - Other</b> | <b>23415</b> | 23120, 23125, 23130, 23405, 23415,<br>23430, 23700, 29805, 29819, 29820,<br>29821, 29822, 29823, 29824, 29825,<br>+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*