

2024 Utilization Review Matrix  
Oklahoma Complete Health

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	27134	27132, 27134, 27137, 27138	
Total Hip Arthroplasty/Resurfacing	27130	27130, S2118 <sup>1</sup>	
Femoroacetabular Impingement (FAI) Hip Surgery	29914	29914, 29915, 29916	<b>Loose Body Removal:</b> 29861 <b>Chondroplasty:</b> 29862 <b>Synovectomy:</b> 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>			
<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 Ligament Reconstruction/Repair</b>	<b>29888</b>	27405, 27407, 27409, 27427, 27428, 27429, 29888, 29889	<b>Meniscectomy:</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>OCD Lesion:</b> 29885, 29886, 29887

### KNEE SURGERY PROCEDURES

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<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 <sup>1</sup> <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 <sup>1</sup>	

### 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>			
<b>Total/Reverse Shoulder Arthroplasty or Resurfacing</b>	<b>23472</b>	23472	

**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>			
<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>Claviclectomy: 23120, 23125<sup>1</sup></b> <b>Acromioplasty: 23130</b> <b>Coracoacromial ligament release: 23415</b> <b>Biceps Tenotomy/Tenodesis: 23405<sup>1</sup>, 23430, 29828</b> <b>Synovectomy: 29820, 29821</b> <b>Debridement: 29822, 29823</b> <b>Distal Clavicle Excision (Mumford procedure): 29824</b> <b>Subacromial Decompression: +29826</b>
<b>Shoulder Rotator Cuff Repair</b>	<b>29827</b>	23410, 23412, 23420, 29827	<b>Claviclectomy: 23120, 23125<sup>1</sup></b> <b>Acromioplasty: 23130</b> <b>Coracoacromial ligament release: 23415</b> <b>Biceps Tenotomy/Tenodesis: 23405<sup>1</sup>, 23430, 29828</b> <b>Synovectomy: 29820, 29821</b> <b>Debridement: 29822, 29823</b> <b>Distal Clavicle Excision (Mumford procedure): 29824</b> <b>Subacromial Decompression: +29826</b>
<b>Shoulder Surgery - Other</b>	<b>23415</b>	23120, 23125 <sup>1</sup> , 23130, 23405 <sup>1</sup> , 23415, 23430, 23700, 29805 <sup>1</sup> , 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.***
- ***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.*

<sup>1</sup> Not a covered service for Medicaid Members.