



Evolut
Ambetter from Peach State Health Plan
Utilization Review Matrix 2025
Joint Surgery

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			
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Revision Knee Arthroplasty	27487	27486, 27487	

KNEE SURGERY PROCEDURES

Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes
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<p>Total Knee Arthroplasty (TKA)</p>	<p>27447</p>	<p>27447</p>	
<p>Partial-Unicompartmental Knee Arthroplasty (UKA)</p>	<p>27446</p>	<p>27446, 27438</p>	
<p>Knee Manipulation under Anesthesia (MUA)</p>	<p>27570</p>	<p>27570, 29884</p>	
<p>Knee Ligament Reconstruction/Repair</p>	<p>29888</p>	<p>27405, 27407, 27409, 27427, 27428, 27429, 29888, 29889</p>	<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

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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>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 procedure 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 Rotator Cuff Repair	29827	23410, 23412, 23420, 29827	Claviclectomy: 23120, 23125 Acromioplasty: 23130 Coracoacromial ligament release: 23415 Biceps Tenotomy/Tenodesis: 23405, 23430, 29828

SHOULDER SURGERY PROCEDURES			
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<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>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.