



**Ambetter from Superior HealthPlan  
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>			
<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
<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 Meniscectomy/Meniscal Repair/Meniscal Transplant</b></p>	<p 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 align="center"><b>Knee Surgery – Other</b></p>	<p 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>			
<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>Claviclectomy: 23120, 23125</b> <b>Acromioplasty: 23130</b> <b>Coracoacromial ligament release: 23415</b> <b>Biceps Tenotomy/Tenodesis: 23405, 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</b> <b>Acromioplasty: 23130</b> <b>Coracoacromial ligament release: 23415</b> <b>Biceps Tenotomy/Tenodesis: 23405, 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>

Shoulder Surgery - Other	23415	23120, 23125, 23130, 23405, 23415, 23430, 23700, 29805, 29819, 29820, 29821, 29822, 29823, 29824, 29825, +29826, 29828	
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- ***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***