



FROM



**Ambetter from WellCare of New Jersey
Utilization Review Matrix 2025
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>			
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

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 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	Meniscectomy: 27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883 Autologous chondrocyte implantation: 27412 Osteochondral Allograft/Autograft: 27415, 27416, 29866, 29867 Anterior tibial tubercleplasty: 27418 Reconstruction of Dislocating Patella: 27420, 27422, 27424 Lateral Release: 27425, 29873 Loose Body Removal: 29874 Synovectomy: 29875, 29876 Chondroplasty: 29877 Microfracture: 29879 OCD Lesion: 29885, 29886, 29887

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>			
Knee Meniscectomy/Meniscal Repair/Meniscal Transplant	29880	27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883	Autologous chondrocyte implantation: 27412 Osteochondral Allograft/Autograft: 27415, 27416, 29866, 29867 Anterior tibial tubercleplasty: 27418 Reconstruction of Dislocating Patella: 27420, 27422, 27424 Lateral Release: 27425, 29873 Loose Body Removal: 29874 Synovectomy: 29875, 29876 Chondroplasty: 29877 Microfracture: 29879 Misc. (see code description): G0289 OCD Lesion: 29885, 29886, 29887
Knee Surgery – Other	29879	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>			
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 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>			
Shoulder Rotator Cuff Repair	29827	23410, 23412, 23420, 29827	<p>Claviclectomy: 23120, 23125</p> <p>Acromioplasty: 23130</p> <p>Coracoacromial ligament release: 23415</p> <p>Biceps Tenotomy/Tenodesis: 23405, 23430, 29828</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.**