



**Ambetter of Oklahoma (Ambetter)  
Wellcare of Oklahoma (Wellcare)  
Utilization Review Matrix 2025  
Musculoskeletal Surgery (Hip, Knee, and Shoulder)**

<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: 29861</b> <b>Chondroplasty: 29862</b> <b>Synovectomy: 29863</b>
<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 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>			
<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	<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

<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>	

<p align="center"><b>SHOULDER SURGERY PROCEDURES</b></p>			
<p align="center"><b>Procedure Name</b></p>	<p align="center"><b>Primary CPT Code</b></p>	<p align="center"><b>Allowable Billed Groupings</b></p>	<p align="center"><b>Additional Covered Procedures/Codes</b></p>
<p align="center"><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>			

<b>Revision Shoulder Arthroplasty</b>	<b>23474</b>	23473, 23474	
<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>
<b>Shoulder Surgery - Other</b>	<b>23415</b>	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.***