

**Evolent  
Coordinated Care  
Utilization Review Matrix 2025  
Joint Surgery (Hip, Knee, and Shoulder)**

| <b>HIP SURGERY PROCEDURES</b>   |                  |                            |  |
|---|------------------|----------------------------|--|
| 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<br><b>Chondroplasty:</b> 29862<br><b>Synovectomy:</b> 29863 |
| <b>Hip Surgery – Other</b>  | <b>29863</b>     | 29860, 29861, 29862, 29863 |  |

| <b>KNEE SURGERY PROCEDURES</b>  |                  |                            |                                     |
|---|------------------|----------------------------|-------------------------------------|
| 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               |                                     |

**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> |                     |   |  |
| <p><b>Total Knee Arthroplasty (TKA)</b></p>  | <p><b>27447</b></p> | <p>27447</p>  |  |
| <p><b>Partial-Unicompartmental Knee Arthroplasty (UKA)</b></p>   | <p><b>27446</b></p> | <p>27446, 27438</p>   |  |
| <p><b>Knee Manipulation under Anesthesia (MUA)</b></p>   | <p><b>27570</b></p> | <p>27570, 29884</p>   |  |
| <p><b>Knee Ligament Reconstruction/Repair</b></p>  | <p><b>29888</b></p> | <p>27405, 27407, 27409, 27427, 27428, 27429, 29888, 29889</p> | <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> |

**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> |                                    |  |   |
| <p align="center"><b>Knee<br/>Meniscectomy/Meniscal<br/>Repair/Meniscal<br/>Transplant</b></p>   | <p align="center"><b>29880</b></p> | <p>27332, 27333, 27403, 29868,<br/>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,<br/>27420, 27422, 27424, 27425,<br/>29866, 29867, 29870, 29873,<br/>29874, 29875, 29876, 29877,<br/>29879, 29885, 29886, 29887,<br/>G0289</p> |   |

**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>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>Claviculectomy: 23120, 23125</b><br><b>Acromioplasty: 23130</b><br><b>Coracoacromial ligament release: 23415</b><br><b>Biceps Tenotomy/Tenodesis: 23405, 23430, 29828</b><br><b>Synovectomy: 29820, 29821</b><br><b>Debridement: 29822, 29823</b><br><b>Distal Clavicle Excision (Mumford procedure): 29824</b><br><b>Subacromial Decompression: +29826</b> |

| SHOULDER SURGERY PROCEDURES  |                  |  |  |
|--|------------------|--|--|
| Procedure Name   | Primary CPT Code | Allowable Billed Groupings   | Additional Covered Procedures/Codes  |
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| Shoulder Rotator Cuff Repair   | 29827            | 23410, 23412, 23420, 29827   | <p><b>Claviclectomy:</b> 23120, 23125</p> <p><b>Acromioplasty:</b> 23130</p> <p><b>Coracoacromial ligament release:</b> 23415</p> <p><b>Biceps Tenotomy/Tenodesis:</b> 23405, 23430, 29828</p> <p><b>Synovectomy:</b> 29820, 29821</p> <p><b>Debridement:</b> 29822, 29823</p> <p><b>Distal Clavicle Excision (Mumford procedure):</b> 29824</p> <p><b>Subacromial Decompression:</b> +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.**