

**Tufts Health Public Plan  
Utilization Review Matrix 2025  
Musculoskeletal Surgery (Hip, Knee, and Shoulder)**

HIP SURGERY			
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes
<i>Authorization is provided for the <u>primary surgery</u> requested. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary surgery 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

Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes
<i>Authorization is provided for the <u>primary surgery</u> requested.            There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary surgery 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>	

**SHOULDER SURGERY**

Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes
<p align="center"><i>Authorization is provided for the <u>primary surgery</u> requested. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary surgery 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>	
<p align="center"><b>Total/Reverse Shoulder Arthroplasty or Resurfacing</b></p>	<p align="center"><b>23472</b></p>	<p>23472</p>	

## SHOULDER SURGERY

Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes
<i>Authorization is provided for the <u>primary surgery</u> requested.            There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary surgery request and when completed in combination, do not require a separate authorization.</i>			
<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:</b> 23700
<b>Shoulder Labral Repair</b>	<b>29806</b>	23450, 23455, 23460, 23462, 23465, 23466, 29806, 29807	<b>Claviclectomy:</b> 23120, 23125  <b>Acromioplasty:</b> 23130  <b>Coracoacromial ligament release:</b> 23415  <b>Biceps Tenotomy/Tenodesis:</b> 23405, 23430, 29828  <b>Synovectomy:</b> 29820, 29821  <b>Debridement:</b> 29822, 29823  <b>Distal Clavicle Excision (Mumford procedure):</b> 29824  <b>Subacromial Decompression:</b> +29826

## SHOULDER SURGERY

Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes
<i>Authorization is provided for the <u>primary surgery</u> requested.                      There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary surgery request and when completed in combination, do not require a separate authorization.</i>			
<b>Shoulder Rotator Cuff Repair</b>	<b>29827</b>	23410, 23412, 23420, 29827	<b>Claviclectomy:</b> 23120, 23125  <b>Acromioplasty:</b> 23130  <b>Coracoacromial ligament release:</b> 23415  <b>Biceps Tenotomy/Tenodesis:</b> 23405, 23430, 29828  <b>Synovectomy:</b> 29820, 29821  <b>Debridement:</b> 29822, 29823  <b>Distal Clavicle Excision (Mumford procedure):</b> 29824  <b>Subacromial Decompression:</b> +29826
<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.).
- NOTE: If any joint surgery is to be performed bilaterally on the same date of service, separate authorizations are required.

- Unspecified procedures (i.e.: 23929, 29999) will go through the THP provider appeals process.
- Procedures considered to be Noncovered Investigational Service and are not reimbursable include:
  - CPT code G0428 Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)
  - CPT code S2300 Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy
  - Knee Arthroscopy: Subchondroplasty and In-Office diagnostic arthroscopy (VisionScope, Mi-eye)