



## Utilization Review Matrix 2025 WellCare Kentucky Joint Surgery

HIP SURGERY PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes
<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>			
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	<b>Loose Body Removal:</b> 29861  <b>Chondroplasty:</b> 29862  <b>Synovectomy:</b> 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 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	<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 style="text-align: center;"><b>Knee Meniscectomy/Meniscal Repair/Meniscal Transplant</b></p>	<p style="text-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 style="text-align: center;"><b>Knee Surgery – Other</b></p>	<p style="text-align: center;"><b>29879</b></p>	<p>27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 29866, 29867, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 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>			
<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:</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
<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.).***
- ***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.***