



**Ambetter from Buckeye Health
Plan Utilization Review Matrix 2025
Joint Surgery**

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

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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	

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<p>Knee Ligament Reconstruction/Repair</p>	<p>29888</p>	<p>27405, 27407, 27409, 27427, 27428, 27429, 29888, 29889</p>	<p>Meniscectomy: 27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883</p> <p>Autologous chondrocyte implantation: 27412</p> <p>Osteochondral Allograft/Autograft: 27415, 27416, 29866, 29867</p> <p>Anterior tibial tubercleplasty: 27418</p> <p>Reconstruction of Dislocating Patella: 27420, 27422, 27424</p> <p>Lateral Release: 27425, 29873</p> <p>Loose Body Removal: 29874</p> <p>Synovectomy: 29875, 29876</p> <p>Chondroplasty: 29877</p> <p>Microfracture: 29879</p> <p>OCD Lesion: 29885, 29886, 29887</p>

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<p>Knee Meniscectomy/Meniscal Repair/Meniscal Transplant</p>	<p>29880</p>	<p>27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883</p>	<p>Autologous chondrocyte implantation: 27412</p> <p>Osteochondral Allograft/Autograft: 27415, 27416, 29866, 29867</p> <p>Anterior tibial tubercleplasty: 27418</p> <p>Reconstruction of Dislocating Patella: 27420, 27422, 27424</p> <p>Lateral Release: 27425, 29873</p> <p>Loose Body Removal: 29874</p> <p>Synovectomy: 29875, 29876</p> <p>Chondroplasty: 29877</p> <p>Microfracture: 29879</p> <p>Misc. (see code description): G0289</p> <p>OCD Lesion: 29885, 29886, 29887</p>
<p>Knee Surgery – Other</p>	<p>29879</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 PROCEDURES

Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes
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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

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<p>Shoulder Labral Repair</p>	<p>29806</p>	<p>23450, 23455, 23460, 23462, 23465, 23466, 29806, 29807</p>	<p>Claviculectomy: 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 PROCEDURES

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<p>Shoulder Rotator Cuff Repair</p>	<p>29827</p>	<p>23410, 23412, 23420, 29827</p>	<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>
<p>Shoulder Surgery - Other</p>	<p>23415</p>	<p>23120, 23125, 23130, 23405, 23415, 23430, 23700, 29805, 29819, 29820, 29821, 29822, 29823, 29824, 29825, +29826, 29828</p>	

- ***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.