



**Utilization Review Matrix 2026  
Centene IL – Meridian Health Plan of Illinois**

**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<br>Chondroplasty: 29862<br>Synovectomy: 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 <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 Knee Arthroplasty  | 27487            | 27486, 27487               |                                     |
| Total Knee Arthroplasty (TKA)   | 27447            | 27447                      |                                     |

| KNEE SURGERY PROCEDURES  |                  |  |   |
|--|------------------|--|---|
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| Partial-Unicompartmental Knee Arthroplasty (UKA)   | 27446            | 27446, 27438   |   |
| Knee Manipulation under Anesthesia (MUA)   | 27570            | 27570, 29884   |   |
| Knee Ligament Reconstruction/Repair  | 29888            | 27405, 27407, 27409, 27427, 27428, 27429, 29888, 29889 | <b>Meniscectomy:</b> 27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883<br><b>Autologous chondrocyte implantation:</b> 27412<br><b>Osteochondral Allograft/Autograft:</b> 27415, 27416, 29866, 29867<br><b>Anterior tibial tubercleplasty:</b> 27418<br><b>Reconstruction of Dislocating Patella:</b> 27420, 27422, 27424<br><b>Lateral Release:</b> 27425, 29873<br><b>Loose Body Removal:</b> 29874<br><b>Synovectomy:</b> 29875, 29876<br><b>Chondroplasty:</b> 29877<br><b>Microfracture:</b> 29879<br><b>OCD Lesion:</b> 29885, 29886, 29887 |

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| Knee Meniscectomy/Meniscal Repair/Meniscal Transplant  | 29880            | 27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883  | <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> |
| Knee Surgery – Other   | 29879            | 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 29866, 29867, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29885, 29886, 29887, G0289 |   |

| 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  |
| Shoulder Labral Repair   | 29806            | 23450, 23455, 23460, 23462, 23465, 23466, 29806, 29807 | Claviclectomy: 23120, 23125<br>Acromioplasty: 23130<br>Coracoacromial ligament release: 23415<br>Biceps Tenotomy/Tenodesis: 23405, 23430, 29828<br>Synovectomy: 29820, 29821<br>Debridement: 29822, 29823<br>Distal Clavicle Excision (Mumford procedure): 29824<br>Subacromial Decompression: +29826 |

| SHOULDER SURGERY PROCEDURES  |                  |  |  |
|--|------------------|--|--|
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| Shoulder Rotator Cuff Repair   | 29827            | 23410, 23412, 23420, 29827   | <b>Claviculectomy:</b> 23120, 23125<br><b>Acromioplasty:</b> 23130<br><b>Coracoacromial ligament release:</b> 23415<br><b>Biceps Tenotomy/Tenodesis:</b> 23405, 23430, 29828<br><b>Synovectomy:</b> 29820, 29821<br><b>Debridement:</b> 29822, 29823<br><b>Distal Clavicle Excision (Mumford procedure):</b> 29824<br><b>Subacromial Decompression:</b> +29826 |
| 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.**
- **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.