

Utilization Review Matrix 2026 HMSA

Joint Surgery (Hip, Knee and Shoulder)

HIP SURGERY			
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes
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.			
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				
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	
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.				
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		

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

KNEE SURGERY				
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	
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.				
		27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883	Autologous chondrocyte implantation: 27412	
			Osteochondral Allograft/Autograft: 27415, 27416, 29866, 29867	
	29880		Anterior tibial tubercleplasty: 27418	
			Reconstruction of Dislocating Patella: 27420, 27422, 27424	
			Lateral Release: 27425, 29873	
Knee Meniscectomy/Meniscal			Loose Body Removal: 29874	
Repair/Meniscal Transplant			Synovectomy : 29875, 29876	
			Chondroplasty: 29877	
			Microfracture: 29879	
			Misc. (see code description): G0289	
			OCD Lesion: 29885, 29886, 29887	
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			
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes

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.

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

SHOULDER SURGERY			
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes
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.			
Shoulder Rotator Cuff Repair	29827	23410, 23412, 23420, 29827	Claviculectomy: 23120, 23125 Acromioplasty: 23130 Coracoacromial ligament release: 23415 Biceps Tenotomy/Tenodesis: 23405, 23430, 29828 Synovectomy: 29820, 29821 Debridement: 29822, 29823 Distal Clavicle Excision (Mumford procedure): 29824 Subacromial Decompression: +29826
Shoulder Surgery - Other	23415	23120, 23125, 23130, 23405, 23415, 23430, 23700, 29805, 29819, 29820, 29821, 29822, 29823, 29824, 29825, +29826, 29828	Subacionnai Decompression. +23020

- 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.