



**Utilization Review Matrix 2026**  
**Tufts Health Public Plans**  
**Commercial, Exchange and Medicaid Members only**

**Joint Surgery**

<b>HIP SURGERY</b>			
<b>Primary Surgery Request</b>	<b>Primary CPT Code</b>	<b>Primary Surgery Allowable Billed Groupings</b>	<b>Additional Covered Procedures/Codes</b>
<i>Authorization is provided for the primary surgery 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>			
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			
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes
<p><i>Authorization is provided for the <u>primary surgery</u> requested.</i></p> <p><i>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>			
Revision Knee Arthroplasty	<b>27487</b>	27486, 27487	
Total Knee Arthroplasty (TKA)	<b>27447</b>	27447	
Partial-Unicompartmental Knee Arthroplasty (UKA)	<b>27446</b>	27446, 27438	
Knee Manipulation under Anesthesia (MUA)	<b>27570</b>	27570, 29884	
Knee Ligament Reconstruction/Repair	<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><b>OCD Lesion:</b> 29885, 29886, 29887</p>

<b>Knee Meniscectomy/Meniscal Repair/Meniscal Transplant</b>	<b>29880</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>Misc. (see code description):</b> G0289  <b>OCD Lesion:</b> 29885, 29886, 29887
<b>Knee Surgery – Other</b>	<b>29879</b>	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
<p><i>Authorization is provided for the <u>primary surgery</u> requested.</i></p> <p><i>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>			
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	<b>Manipulation under Anesthesia:</b> 23700
Shoulder Labral Repair	29806	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.</i>			
<i>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>			
Shoulder Rotator Cuff Repair	29827	23410, 23412, 23420, 29827	<b>Claviculectomy:</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 - 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.**

**NOTE: If any joint surgery is to be performed bilaterally on the same date of service, separate authorizations are required.**

**PLEASE NOTE:**

**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:**

1. CPT code G0428 Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)
2. CPT code S2300 Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy
3. Knee Arthroscopy: Subchondroplasty and In-Office diagnostic arthroscopy (VisionScope, Mi-eye)
4. Shoulder Arthroscopy: in-office diagnostic arthroscopy (VisionScope, Mi-Eye) and US guided percutaneous debridement of tenotomy (e.g., Tenex)