



**Utilization Review Matrix 2026  
Tufts Health Plan**

**Joint Surgery**

| HIP SURGERY   |                  |  |  |
|---|------------------|--|--|
| Primary Surgery Request   | Primary CPT Code | Primary Surgery Allowable Billed Groupings | Additional Covered Procedures/Codes  |
| <p align="center"><i>Authorization is provided for the <u>primary surgery</u> requested.<br/>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> |                  |  |  |
| <b>Revision/Conversion Hip Arthroplasty</b>   | <b>27134</b>     | 27132, 27134, 27137, 27138                 |  |
| <b>Total Hip Arthroplasty/Resurfacing</b>   | <b>27130</b>     | 27130, S2118                               |  |
| <b>Femoroacetabular Impingement (FAI) Hip Surgery</b>   | <b>29914</b>     | 29914, 29915, 29916                        | <b>Loose Body Removal:</b> 29861<br><br><b>Chondroplasty:</b> 29862<br><br><b>Synovectomy:</b> 29863 |
| <b>Hip Surgery – Other</b>  | <b>29863</b>     | 29860, 29861, 29862, 29863                 |  |

| KNEE SURGERY  |                  |  |   |
|---|------------------|--|---|
| Primary Surgery Request   | Primary CPT Code | Primary Surgery Allowable Billed Groupings             | Additional Covered Procedures/Codes   |
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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   |   |
| 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 |

| KNEE SURGERY  |                  |   |   |
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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   |                  |  |  |
|--|------------------|--|--|
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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 | Claviculectomy: 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   |                  |  |  |
|--|------------------|--|--|
| Primary Surgery Request  | Primary CPT Code | Primary Surgery Allowable Billed Groupings   | Additional Covered Procedures/Codes  |
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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.**

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

**PLEASE NOTE:**

**Unspecified procedures (ie: 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 (Vision Scope, Mi-eye)
4. Shoulder Arthroscopy: in-office diagnostic arthroscopy (VisionScope, Mi-Eye) and US guided percutaneous debridement or tenotomy (e.g. Tenex)