



**Utilization Review Matrix 2026
Centene OK – Oklahoma Complete Health
Medicaid Members**

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 ¹	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			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes
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.			
Revision Knee Arthroplasty	27487	27486, 27487	
Total Knee Arthroplasty (TKA)	27447	27447	
Partial-Unicompartmental Knee Arthroplasty (UKA)	27446	27446, 27438	
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 Meniscectomy/Meniscal Repair/Meniscal Transplant	29880	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 Misc. (see code description): G0289 ² OCD Lesion: 29885, 29886, 29887

KNEE SURGERY PROCEDURES			
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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 ²	

SHOULDER SURGERY PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes
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.			
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 ² Acromioplasty: 23130 Coracoacromial ligament release: 23415 Biceps Tenotomy/Tenodesis: 23405 ² , 23430, 29828 Synovectomy: 29820, 29821 Debridement: 29822, 29823 Distal Clavicle Excision (Mumford procedure): 29824 Subacromial Decompression: +29826
Shoulder Rotator Cuff Repair	29827	23410, 23412, 23420, 29827	Claviculectomy: 23120, 23125 ² Acromioplasty: 23130 Coracoacromial ligament release: 23415 Biceps Tenotomy/Tenodesis: 23405 ² , 23430, 29828 Synovectomy: 29820, 29821 Debridement: 29822, 29823 Distal Clavicle Excision (Mumford procedure): 29824 Subacromial Decompression: +29826

SHOULDER SURGERY PROCEDURES			
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Shoulder Surgery - Other	23415	23120, 23125 ² , 23130, 23405 ² , 23415, 23430, 23700, 29805 ² , 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.

¹ S2118 is not a covered service.

² Prior authorization is not required for Medicaid Members.