Utilization Review Matrix 2026
Blue Cross Blue Shield of South Carolina
Commercial (excluding State Health Plan 23409) and Exchange Members

Joint Surgery

HIP SURGERY PROCEDURES			
Procedure Name	**Primary CPT Code**	**Allowable Billed Groupings**	**Additional Covered Procedures/Codes**
Authorization is provided at the procedure 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/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 PROCEDURES			
Procedure Name	**Primary CPT Code**	**Allowable Billed Groupings**	**Additional Covered Procedures/Codes**
Authorization is provided at the procedure 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 Manipulation under Anesthesia (MUA)	**27570**	27570, 29884	
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 PROCEDURES			
Procedure Name	**Primary CPT Code**	**Allowable Billed Groupings**	**Additional Covered Procedures/Codes**
Authorization is provided at the procedure 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.			
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 **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 PROCEDURES			
Procedure Name	**Primary CPT Code**	**Allowable Billed Groupings**	**Additional Covered Procedures/Codes**
Authorization is provided at the procedure 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 Shoulder Arthroplasty	**23474**	23473, 23474	
Total/Reverse Shoulder Arthroplasty or Resurfacing	**23472**	23472	

SHOULDER SURGERY PROCEDURES			
Procedure Name	**Primary CPT Code**	**Allowable Billed Groupings**	**Additional Covered Procedures/Codes**
Authorization is provided at the procedure 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.			
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 **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 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	

- ***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.