

**Tufts Health Plan
Utilization Review Matrix 2024
Musculoskeletal Surgery (Hip, Knee, and Shoulder)**

| HIP 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. 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 | 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 |
|--|------------------|--|-------------------------------------|
| <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 | 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 | <p>Meniscectomy: 27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883</p> <p>Autologous chondrocyte implantation: 27412</p> <p>Osteochondral Allograft/Autograft: 27415, 27416, 29866, 29867</p> <p>Anterior tibial tubercleplasty: 27418</p> <p>Reconstruction of Dislocating Patella: 27420, 27422, 27424</p> <p>Lateral Release: 27425, 29873</p> <p>Loose Body Removal: 29874</p> <p>Synovectomy: 29875, 29876</p> <p>Chondroplasty: 29877</p> <p>Microfracture: 29879</p> <p>OCD Lesion: 29885, 29886, 29887</p> |

KNEE SURGERY

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| <i>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.</i> | | | |
| 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

| 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. 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 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 | Claviclectomy: 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

| 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. 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 | Claviclectomy: 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 (formerly National Imaging Associates Inc.).

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