



**Utilization Review Matrix 2023  
WellFirst Health**

**Joint Surgery (Hip, Knee and Shoulder)**

<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>
<p><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></p>			
<b>Revision/Conversion Hip Arthroplasty</b>	<b>27134</b>	27132, 27134, 27137, 27138	
<b>Total Hip Arthroplasty/Resurfacing Inpatient ONLY<sup>1</sup></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 <b>Chondroplasty:</b> 29862 <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
<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) <i>Inpatient ONLY<sup>1</sup></i>	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	<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>
Knee	29880	27332, 27333, 27403,	<b>Autologous chondrocyte implantation:</b> 27412

<b>Meniscectomy/Meniscal Repair/Meniscal Transplant</b>		29868, 29880, 29881, 29882, 29883	<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>Knee Surgery – Other</b>	<b>29879</b>	27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 29866, 29867, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 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>			
<b>Revision Shoulder Arthroplasty</b>	<b>23474</b>	23473, 23474	
<b>Total/Reverse Shoulder Arthroplasty or Resurfacing</b>	<b>23472</b>	23472	
<b>Partial Shoulder Arthroplasty/Hemiarthroplasty</b>	<b>23470</b>	23470	
<b>Frozen Shoulder Repair/Adhesive Capsulitis</b>	<b>29825</b>	29825	<b>Manipulation under Anesthesia:</b> 23700
<b>Shoulder Labral Repair</b>	<b>29806</b>	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
<b>Shoulder Rotator Cuff Repair</b>	<b>29827</b>	23410, 23412, 23420, 29827	<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
<b>Shoulder Surgery - Other</b>	<b>23415</b>	23120, 23125, 23130, 23405, 23415, 23430, 23700, 29805, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29828	

<sup>1</sup> When done on an **inpatient** basis, Total Hip (27130) and Total Knee (27447) arthroplasties are reviewed for medical necessity of the procedure, as well as for place of service (POS). When done as an **outpatient**, prior authorization is **not** required from NIA.

- **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 NIA/Magellan.**
- **NIA/Magellan 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.**