

**Home State Health  
2024 Utilization Review Matrix  
Joint Surgery**

<b>HIP SURGERY PROCEDURES</b>			
<b>Procedure Name</b>	<b>Primary CPT Code</b>	<b>Allowable Billed Groupings</b>	<b>Additional Covered Procedures/Codes</b>
<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>			
<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 <b>Chondroplasty:</b> 29862 <b>Synovectomy:</b> 29863
<b>Hip Surgery – Other</b>	<b>29863</b>	29860, 29861, 29862, 29863	

**KNEE SURGERY PROCEDURES**

<b>Procedure Name</b>	<b>Primary CPT Code</b>	<b>Allowable Billed Groupings</b>	<b>Additional Covered Procedures/Codes</b>
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<b>Revision Knee Arthroplasty</b>	<b>27487</b>	27486, 27487	
<b>Total Knee Arthroplasty (TKA)</b>	<b>27447</b>	27447	
<b>Partial-Unicompartmental Knee Arthroplasty (UKA)</b>	<b>27446</b>	27446, 27438	
<b>Knee Manipulation under Anesthesia (MUA)</b>	<b>27570</b>	27570, 29884	

**KNEE SURGERY PROCEDURES**

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<p align="center"><b>Knee Ligament Reconstruction/Repair</b></p>	<p align="center"><b>29888</b></p>	<p>27405, 27407, 27409, 27427, 27428, 27429, 29888, 29889</p>	<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> <p><b>OCD Lesion:</b> 29885, 29886, 29887</p>



**KNEE SURGERY PROCEDURES**

Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes
<p><i>Authorization is provided at the <u>procedure level</u>. 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></p>			
<p align="center"><b>Knee Meniscectomy/Meniscal Repair/Meniscal Transplant</b></p>	<p align="center"><b>29880</b></p>	<p>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> <p><b>Misc. (see code description):</b> G0289</p> <p><b>OCD Lesion:</b> 29885, 29886, 29887</p>
<p align="center"><b>Knee Surgery – Other</b></p>	<p align="center"><b>29879</b></p>	<p>27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 29866, 29867, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29885, 29886, 29887, G0289</p>	

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