



Harvard Pilgrim HealthCare (Harvard Pilgrim) Utilization Review Matrix 2023

Musculoskeletal Surgery (Hip, Knee and Shoulder)

| HIP SURGERY | | | | |
|--|------------------------|--|---|--|
| Primary Surgery Request | Primary CPT Code | Primary Surgery Allowable Billed Groupings | Additional Covered Procedures/Codes | |
| 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. | | | | |
| 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 | |
| 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. | | | | |
| 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, 29883Autologous chondrocyte implantation: 27412Osteochondral Allograft/Autograft: 27415, 27416, 29866, 29867Anterior tibial tubercleplasty: 27418Reconstruction of Dislocating Patella: 27420, 27422, 27424Lateral Release: 27425, 29873Loose Body Removal: 29874Synovectomy: 29875, 29876 | |



| | | | Chondroplasty: 29877 Microfracture: 29879 |
|--|-------|---|--|
| 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 |
| Knee Surgery – Other | 29879 | 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 | Other Procedure Names | |
| There are multiple CPT codes | 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. | | | | |
| Revision Shoulder Arthroplasty | 23474 | 23473, 23474 | | Revision shoulder replacement, Revision TSA, Revision TSR, "Re-do" shoulder replacement | |
| Total/Reverse Shoulder Arthroplasty or Resurfacing | 23472 | 23472 | | Total shoulder replacement, TSA, TSR | |
| Partial Shoulder Arthroplasty/Hemiarthroplasty | 23470 | 23470 | | Partial shoulder replacement | |
| Frozen Shoulder Repair/Adhesive Capsulitis | 29825 | 29825 | Manipulation under Anesthesia: 23700 | Lysis of adhesions, Capsular release, Break up scar tissue | |
| 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 | SLAP repair, Bankart repair (can include Remplissage procedure), Capsulorrhaphy, Latarjet procedure | |



| | | | 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 | Arthroscopic superior capsular reconstruction |
| Shoulder Surgery - Other | 23415 | 23120, 23125, 23130, 23405, 23415, 23430, 23700, 29805, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29828 | | Diagnostic arthroscopy, Claviculectomy, Acromioplasty, Coracoacromial ligament release, Biceps Tenotomy/Tenodesis, Synovectomy, Debridement, Distal Clavicle Excision (Mumford procedure), Subacromial Decompression |

- 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 National Imaging Associates, Inc. (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.

