



## Wellcare (Louisiana) Utilization Review Matrix 2024 Musculoskeletal Surgery (Hip, Knee, and Shoulder)

HIP SURGERY PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes
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.			
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	

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KNEE SURGERY PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes
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.			
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	<ul> <li>Meniscectomy: 27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883</li> <li>Autologous chondrocyte implantation: 27412</li> <li>Osteochondral Allograft/Autograft: 27415, 27416, 29866, 29867</li> <li>Anterior tibial tubercleplasty: 27418</li> <li>Reconstruction of Dislocating Patella: 27420, 27422, 27424</li> <li>Lateral Release: 27425, 29873</li> <li>Loose Body Removal: 29874</li> <li>Synovectomy: 29875, 29876</li> <li>Chondroplasty: 29877</li> </ul>

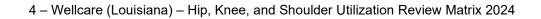
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			Microfracture: 29879
			<b>OCD Lesion:</b> 29885, 29886, 29887
			Autologous chondrocyte implantation: 27412
Knee Meniscectomy/Meniscal Repair/Meniscal Transplant		27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883	Osteochondral Allograft/Autograft: 27415, 27416, 29866, 29867
			Anterior tibial tubercleplasty: 27418
			Reconstruction of Dislocating Patella: 27420, 27422, 27424
			Lateral Release: 27425, 29873
			Loose Body Removal: 29874
			<b>Synovectomy</b> : 29875, 29876
			Chondroplasty: 29877
			Microfracture: 29879
			Misc. (see code description): G0289
			OCD Lesion: 29885, 29886, 29887
		27412, 27415, 27416, 27418,	
Knee Surgery – Other	29879	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	
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	

- 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

