

# Joint Procedures

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Related Policies
None

## Coverage Guidelines

Hip, knee, ankle, hand, wrist, elbow, and shoulder procedures may be covered when Medicare coverage criteria are met.

**Note:** The guidelines in this Coverage Summary are for specific procedures/medications only. For procedures/medications not addressed in this Coverage Summary, refer to the [Medicare Coverage Database](#) to search for applicable coverage policies (National Coverage Determinations, Local Coverage Determinations and Local Coverage Articles).

### Core Decompression for Avascular Necrosis (CPT Codes 21299, 23929, 27299, 27599, and 27899)

Medicare does not have a National Coverage Determination (NCD) for core decompression for avascular necrosis. Local Coverage Determinations (LCDs/Local Coverage Articles (LCAs) do not exist at this time.

**For coverage guidelines,** refer to the UnitedHealthcare Commercial Medical Policy titled [Core Decompression for Avascular Necrosis](#).

**Note:** After searching the [Medicare Coverage Database](#) if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

### Surgery of the Hip (CPT Codes 27120, 27125, 27130, 27132, 27134, 27137, 27138, 29860, 29861, 29862, 29863, 29914, 29915, and 29916)

Medicare does not have an NCD for surgery of the hip. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>.

**For coverage guidelines for states/territories with no LCDs/LCAs**, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Hip](#).

After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

### **Other Hip Procedures Not Addressed Above (CPT Code 27122)**

Medicare does not have an NCD for CPT code 27122. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

**For coverage guidelines**, refer to the InterQual® CP: Procedures, Arthroscopy, Hip.

Click [here](#) to view the InterQual® criteria.

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.

### **Surgery of the Knee (CPT Codes 27412, 27415, 27416, 27445, 27446, 27447, 27486, 27487, 29866, 29867, and 29868) (HCPCS Code J7330)**

Medicare does not have an NCD for surgery of the knee. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>.

**For coverage guidelines for states/territories with no LCDs/LCAs**, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Knee](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

### **Surgery of the Ankle (CPT Codes 27700, 29891, 29892, 29894, 29895, 29897, 29898, and 29899)**

Medicare does not have an NCD for surgery of the ankle. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

**For coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Ankle](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

### **Surgery of the Hand and Wrist (CPT Codes 25441, 25442, 25444, 25446, 25449, 29840, 29844, 29845, 29846, and 29847)**

Medicare does not have an NCD for surgery of the hand and wrist. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

**For coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Hand or Wrist](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

### **Endoscopic Cubital Tunnel Release, Elbow (CPT Codes 64718 and 29999)**

Medicare does not have an NCD for endoscopic cubital tunnel release, elbow. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For coverage guidelines, refer to the InterQual® CP: Procedures, Ulnar Nerve Decompression or Transposition, Elbow.

Click [here](#) to view the InterQual® criteria.

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.

### Surgery of Elbow (CPT Codes 24360, 24361, 24362, 24365, 24363, 29837, and 29834)

Medicare does not have an NCD for surgery of elbow. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Elbow](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

### Surgery of Shoulder (CPT Codes 23470 and 23472)

Medicare does not have an NCD for surgery of shoulder. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgery of the Shoulder](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

### Radiofrequency Ablation of Shoulder, Hip or Knee (CPT Codes 23929, 27299, and 27599)

Medicare does not have an NCD for radiofrequency ablation of shoulder, hip or knee. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Omnibus Codes](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

## Policy History/Revision Information

Effective Date	Summary of Changes
04/01/2024	<p><b>Coverage Guidelines</b></p> <ul style="list-style-type: none"><li>Added language to indicate ankle, hand, wrist, elbow, and shoulder procedures may be covered when Medicare coverage criteria are met</li></ul> <p><b>Core Decompression for Avascular Necrosis (CPT Codes 21299, 23929, 27299, 27599, and 27899)</b></p> <ul style="list-style-type: none"><li>Updated list of applicable CPT/HCPCS codes; removed S2325</li><li>Reorganized and revised language to indicate:<ul style="list-style-type: none"><li>Medicare does not have a National Coverage Determination (NCD) for core decompression for avascular necrosis; Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time</li><li>For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Core Decompression for Avascular Necrosis</i></li><li>After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines</li></ul></li></ul> <p><b>Surgery of the Hip (CPT Codes 27120, 27125, 27130, 27132, 27134, 27137, 27138,</b></p>

**29860, 29861, 29862, 29863, 29914, 29915, and 29916)**

- Modified service heading
- Reorganized and revised language to indicate:
  - Medicare does not have a NCD for surgery of the hip
  - LCDs/LCAs may exist and compliance with these policies is required where applicable; these LCDs/LCAs are available in the [Medicare Coverage Database](#)
  - For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled *Surgery of the Hip*
  - After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines

**Other Hip Procedures Not Addressed [in the policy] (CPT Code 27122) (new to policy)**

- Added language to indicate:
  - Medicare does not have a NCD for CPT code 27122; LCDs/LCAs do not exist at this time
  - For coverage guidelines, refer to the InterQual® CP: Procedures, Arthroscopy, Hip
  - After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines

**Surgery of the Knee (CPT Codes 27412, 27415, 27416, 27445, 27446, 27447, 27486, 27487, 29866, 29867, and 29868 and HCPCS Code J7330)**

- Modified service heading
- Reorganized and revised language to indicate:
  - Medicare does not have a NCD for surgery of the knee
  - LCDs/LCAs may exist and compliance with these policies is required where applicable; these LCDs/LCAs are available in the [Medicare Coverage Database](#)
  - For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled *Surgery of the Knee*
  - After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines

**Surgery of the Ankle (CPT Codes 27700, 29891, 29892, 29894, 29895, 29897, 29898, and 29899) (new to policy)**

- Added language to indicate:
  - Medicare does not have a NCD for surgery of the ankle; LCDs/LCAs do not exist at this time
  - For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled *Surgery of the Ankle*
  - After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines

**Surgery of the Hand and Wrist (CPT Codes 25441, 25442, 25444, 25446, 25449, 29840, 29844, 29845, 29846, and 29847) (new to policy)**

- Added language to indicate:
  - Medicare does not have a NCD for surgery of the hand and wrist; LCDs/LCAs do not exist at this time
  - For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled *Surgery of the Hand or Wrist*
  - After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines

**Endoscopic Cubital Tunnel Release, Elbow (CPT Codes 64718 and 29999) (new to policy)**

- Added language to indicate:
  - Medicare does not have a NCD for endoscopic cubital tunnel release, elbow; LCDs/LCAs do not exist at this time
  - For coverage guidelines, refer to the InterQual® CP: Procedures, Ulnar Nerve Decompression or Transposition, Elbow
  - After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines

**Surgery of Elbow (CPT Codes 24360, 24361, 24362, 24365, 24363, 29837, and 29834)**

Effective Date	Summary of Changes
	<ul style="list-style-type: none"> <li>● Modified service heading</li> <li>● Updated list of applicable CPT codes: <ul style="list-style-type: none"> <li>○ Added 24365, 29837, and 29834</li> <li>○ Removed 24370 and 24372</li> </ul> </li> <li>● Replaced language indicating “Medicare does not have a NCD for <i>elbow replacement (arthroplasty)</i>” with “Medicare does not have a NCD for <i>surgery of elbow</i>”</li> </ul> <p><b>Surgery of Shoulder (CPT Codes 23470 and 23472)</b></p> <ul style="list-style-type: none"> <li>● Modified service heading</li> <li>● Updated list of applicable CPT codes; removed 23473 and 23474</li> <li>● Replaced language indicating “Medicare does not have a NCD for <i>shoulder replacement (arthroplasty)</i>” with “Medicare does not have a NCD for <i>surgery of shoulder</i>”</li> </ul> <p><b>Radiofrequency Ablation of Shoulder, Hip or Knee (CPT Codes 23929, 27299, and 27599) (new to policy)</b></p> <ul style="list-style-type: none"> <li>● Added language to indicate: <ul style="list-style-type: none"> <li>○ Medicare does not have a NCD for radiofrequency ablation of shoulder, hip, or knee; LCDs/LCAs do not exist at this time</li> <li>○ For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i></li> <li>○ After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Archived previous policy version MCS052.05</li> </ul>

## Instructions for Use

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SB, the member’s EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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