

Cigna Medical Coverage Policies – Musculoskeletal Shoulder Surgery – Arthroscopic and Open Procedures

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Instructions for use

The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer's benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

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CMM-315: Shoulder Surgery-Arthroscopic and Open Procedures

Definitions

- **Rotator cuff tears** result when there is a disruption of the tendon(s) of the rotator cuff muscles which attach the humerus to the scapula and are important in shoulder movements and maintaining glenohumeral joint stability. The supraspinatus tendon is most commonly involved, but the infraspinatus, teres minor, and subscapularis tendons can also be torn.
 - ◆ Defining whether a rotator cuff tear is acute has relevance to treatment. In evaluating patients, the surgeon should attempt to properly identify patients with acute tears as opposed to patients with pre-existing chronic tears that become symptomatic after an injury event. A discrete traumatic event is more suggestive of acute tear. Physical examination findings including supraspinatus and infraspinatus muscle atrophy, as well as internal and external rotation lag signs, may be indicative of larger and more chronic rotator cuff tears.
 - ◆ Evaluation of rotator cuff muscle quality with CT or MRI is an important consideration. Chronic and larger tears are associated with muscle atrophy and fatty replacement, both of which correlate with inferior functional outcome after rotator cuff repair. It is thought that early repair of acute rotator cuff tears might mitigate the development of chronic tendon and muscle pathology and improve functional outcomes.
 - ◆ Classification of rotator cuff tears (based upon surgical findings):
 - Partial-thickness tears, also called incomplete tears (Ellman):
 - Grade 1: < 3 mm deep (< 25% thickness)
 - Grade 2: 3–6 mm in depth but not exceeding 50% of the tendon thickness
 - Grade 3: > 6 mm deep (> 50% thickness)
 - Full-thickness tears, also called complete tears (Cofield):
 - Small: < 1 cm
 - Medium: 1-3 cm
 - Large: 3-5 cm
 - Massive: > 5 cm
- **Impingement syndrome** commonly results from friction, abrasion, and inflammation of the rotator cuff and the long head of the biceps tendon with the subacromial arch (anterior lip of the acromion, coracoacromial ligament, and acromioclavicular joint) from acute trauma, repetitive use or degenerative changes.
- **Distal clavicle excision** is the removal of the end of the clavicle at the acromioclavicular (AC) joint. The superior AC ligament remains intact so that the joint remains stable.
- **Acromioplasty** is the removal of bone from the acromion and partial resection of the coracoacromial ligament.
- **Subacromial decompression** is the removal of bone or other abnormality to enlarge the space between the rotator cuff musculature and the acromion.

- **Labral tears** result when the glenoid labrum becomes injured or torn. Tears are typically classified by the position of the tear in relation to the glenoid.
 - ◆ **Bankart tear** is a tear in the labrum located in the front, lower (anterior, inferior) part of the glenoid. This type of tear occurs most commonly during a shoulder dislocation and makes the shoulder more prone to recurrent dislocations.
 - ◆ **SLAP tear (Superior Labral, Anterior and Posterior tear)** is a tear in the labrum that covers the top part of the glenoid from the front to back. A SLAP tear occurs at the point where the long head of the biceps tendon attaches. This type of tear occurs most commonly during falls on an outstretched arm.
- **Shoulder dislocation** is defined as the complete loss of the humeral articulation with the glenoid fossa, usually as a result of acute trauma.
- **Shoulder subluxation** is defined as a partial loss of humeral articulation with the glenoid fossa (incomplete or partial dislocation) usually as a result of repetitive trauma to the degree that symptoms are produced.
- **Shoulder instability and/or laxity** is defined as a partial loss of the glenohumeral articulation of which there are two categories:
 - ◆ Post-traumatic shoulder instability includes an individual with a previous injury that has stretched or torn the ligaments of the shoulder.
 - ◆ Atraumatic instability and/or laxity includes an individual with generalized looseness of the joints “double-jointed” or “multi-directional instability” usually representing a type of congenital ligamentous laxity.
- **Adhesive capsulitis/arthrofibrosis** is a condition of the shoulder characterized by stiffness, loss of motion (contracture), and pain due to scarring in and/or around the shoulder joint. Conditions that have been suggested to predispose an individual to adhesive capsulitis include trauma, surgery to the shoulder, inflammatory diseases, diabetes, hyperthyroidism, dyslipidemia. Often called frozen shoulder, adhesive capsulitis is clinically divided into classes:
 - ◆ Primary adhesive capsulitis is characterized by a significant limitation of both active and passive motions on the shoulder; individuals are typically unable to recall a possible cause of the condition (idiopathic adhesive capsulitis).
 - ◆ Secondary adhesive capsulitis is characterized by a trauma or a possible cause prior to the onset of the symptoms, such as fracture of the humerus, rotator cuff repair, shoulder girdle injury/surgery, or prolonged immobilization.
- **Non-surgical management**, with regard to the treatment of shoulder pain, is defined as any provider-directed non-surgical treatment that has been demonstrated in the scientific literature to be efficacious and/or is considered reasonable care in the treatment of shoulder pain. The types of treatment involved can include, but are not limited to: relative rest/activity modification, supervised physiotherapy modalities and supervised therapeutic exercises, oral prescription and non-prescription medications, assistive devices (e.g., sling, splint, brace), and/or injections (i.e., steroid).

General Guidelines

- The determination of medical necessity for the performance of shoulder surgery is always made on a case-by-case basis.
- Refer to **MS-19: Shoulder** for advanced imaging indications for conditions of the shoulder.
- Manipulation of a shoulder joint under general anesthesia is included in all arthroscopic shoulder procedures and is therefore considered incidental to the base procedure requiring medical necessity review.

Indications and Non-Indications

- Shoulder arthroscopic or open procedures may be **considered medically necessary** for individuals when surgery is being performed for fracture, tumor, infection, or foreign body that has led to or will likely lead to progressive destruction.

Diagnostic Arthroscopy

- Diagnostic arthroscopy is considered **medically necessary** as a separate procedure when **ALL** of the following criteria have been met:
 - ◆ Function-limiting pain (e.g., loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment) for at least six (6) months in duration
 - ◆ Individual demonstrates **ANY** of the following abnormal, shoulder physical examination findings as compared to the non-involved side:
 - Functionally limited range of motion (active or passive)
 - Measurable loss in strength
 - Positive Neer Impingement Test or Hawkins-Kennedy Impingement Test
 - ◆ Failure of provider-directed non-surgical management for at least three (3) months in duration
 - ◆ Advanced diagnostic imaging study (e.g., MRI, CT) is inconclusive for internal derangement/pathology
 - ◆ Other potential pathological conditions have been excluded including, but not limited to: fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and advanced glenohumeral osteoarthritis.
- Diagnostic arthroscopy is considered **not medically necessary** for all other indications.

Loose Body/Foreign Body Removal

- Loose body or foreign body removal is considered **medically necessary** when **ALL** of the following criteria have been met:
 - ◆ Function-limiting pain (e.g., loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment)
 - ◆ Mechanical symptoms including painful locking, clicking, catching, or popping
 - ◆ Failure of provider-directed non-surgical management for at least three (3) months in duration, except when the loose body or foreign body has caused an acute restriction of shoulder joint range of motion (i.e., locking)
 - ◆ Advanced diagnostic imaging study (e.g., MRI, CT) is conclusive for the presence of a loose body or foreign body within the shoulder joint
 - ◆ Other potential pathological conditions have been excluded including, but not limited to: fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain, and advanced glenohumeral osteoarthritis
- Loose body or foreign body removal is considered **not medically necessary** for all other indications.

Synovectomy

- Synovectomy (partial or complete) is considered **medically necessary** when **ALL** of the following criteria have been met:
 - ◆ Function-limiting pain (e.g., loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment)
 - ◆ Individual demonstrates functionally limited range of motion (active or passive) on physical examination as compared to the non-involved side
 - ◆ Failure of provider-directed non-surgical management for at least three (3) months in duration
 - ◆ Advanced diagnostic imaging study (e.g., MRI, CT) demonstrates underlying pathology consistent with the individual's reported medical condition (e.g., synovitis, joint effusion) which correlates with the individual's reported symptoms and physical exam findings
 - ◆ Presence of any **ONE** of the following:
 - Inflammatory arthritis (i.e., rheumatoid arthritis, gout, pseudogout, psoriatic arthritis)
 - Pigmented villonodular synovitis (PVNS)
 - Synovial chondromatosis
 - Lyme synovitis
 - Hemophilia
 - Hemochromatosis
 - Non-specific synovitis (including proliferative synovitis, post-operative synovitis as a sequela from a shoulder replacement, etc.)
 - Recurrent hemarthrosis (i.e., secondary to sickle cell anemia, bleeding diathesis, etc.)

- ◆ Other potential pathological conditions have been excluded including, but not limited to: fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain, and advanced glenohumeral osteoarthritis
- Synovectomy is considered **not medically necessary** for all other indications.

Debridement

- Debridement (limited or extensive) is considered **medically necessary** when **ALL** of the following criteria have been met:
 - ◆ Function-limiting pain (e.g., loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment)
 - ◆ Individual demonstrates the following on physical examination when compared to the non-involved side:
 - **EITHER** of the following:
 - Functionally limited range of motion
 - Measurable loss of strength
 - **ONE OR MORE** of the following positive orthopedic tests/signs:
 - Drop Arm Test
 - Painful Arc Test
 - Jobe or Empty Can Test
 - External Rotation Lag Sign
 - Lift-Off Test
 - Belly-Press Test
 - Cross Body Adduction Test
 - Resisted AC Joint Extension Test
 - Neer Impingement Test
 - Hawkins-Kennedy Impingement Test
 - O'Brien's Test
 - Biceps Load Test
 - Clunk Test
 - Anterior Slide Test
 - Compression Rotation Test
 - Speed's Test
 - ◆ Failure of provider-directed non-surgical management for at least three (3) months in duration
 - ◆ Advanced diagnostic imaging study (e.g., MRI, CT) demonstrates underlying pathology which correlates with the individual's reported symptoms and physical exam findings
 - ◆ Other potential pathological conditions have been excluded including, but not limited to: fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain, and advanced glenohumeral osteoarthritis
- Debridement is considered **not medically necessary** for all other indications.

Rotator Cuff Repair

- Rotator cuff repair **is considered medically necessary** when **ALL** of the following criteria have been met:
 - ◆ Function-limiting pain (e.g., loss of shoulder function to the extent which interferes with ability to carry out age appropriate activities of daily living and/or demands of employment)
 - ◆ Individual demonstrates the following on physical examination when compared to the non-involved side:
 - **EITHER** of the following :
 - Functionally limited range of motion
 - Measurable loss of strength of the rotator cuff musculature
 - **ONE or MORE** of the following positive orthopedic tests/signs:
 - Drop Arm Test
 - Painful Arc Test
 - Jobe or Empty Can Test
 - External Rotation Lag Sign (Dropping Sign)
 - Internal Rotation Lag Sign
 - Lift-Off Test
 - Bear Hug Test
 - Belly-Press Test (Napoleon)
 - Neer Impingement Test
 - Hawkins-Kennedy Impingement Test
 - Hornblower Test (Patte)
 - ◆ Failure of provider-directed non-surgical management for at least three (3) months in duration, except for an individual who suffers a discrete traumatic event that results in an acute full-thickness rotator cuff tear **AND** associated function-limiting pain
 - **Note:** The failure of provider-directed non-surgical management for at least three (3) months in duration is required in the presence of these advanced diagnostic imaging (e.g., MRI, CT) findings of fatty infiltration and/or muscle atrophy, regardless of whether a discrete traumatic event occurred.
 - ◆ Advanced diagnostic imaging (e.g., MRI, CT) demonstrates a Grade 2 or 3 partial-thickness rotator cuff tear (Ellman classification) or a full-thickness rotator cuff tear (Cofield classification) that correlates with the individual's reported symptoms and physical exam findings
 - ◆ Other potential pathological conditions have been excluded including, but not limited to: fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and advanced glenohumeral osteoarthritis.
- Rotator cuff repair is considered not **medically necessary** for any other indication or condition..

Distal Clavicle Excision/Subacromial Decompression/ Acromioplasty

- Distal clavicle excision is considered **medically necessary** when **ALL** of the following criteria have been met:
 - ◆ Function-limiting pain (e.g., documented loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment)
 - ◆ Individual demonstrates localized tenderness to palpation of the acromioclavicular (AC) joint and **ONE or MORE** of the following positive orthopedic tests on physical examination when compared to the non-involved side:
 - Cross Body Adduction Test
 - Resisted AC Joint Extension Test
 - Neer Impingement Test
 - Hawkins-Kennedy Impingement Test
 - ◆ Failure of provider-directed non-surgical management for at least three (3) months in duration
 - ◆ Plain radiographs demonstrate findings consistent with pathology in the subacromial space and/or at the AC joint
 - ◆ Advanced diagnostic imaging study (e.g., MRI, CT) demonstrates underlying pathology (e.g., AC joint arthritis, impingement, etc.) which correlates with the individual's reported symptoms and physical exam findings
 - **Note:** Advanced diagnostic imaging is not required for isolated distal clavicle excision when not associated with subacromial decompression/acromioplasty surgery.
 - ◆ Other potential pathological conditions have been excluded including, but not limited to: fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain, and advanced glenohumeral osteoarthritis
- Subacromial decompression/acromioplasty is considered **medically necessary** as an add-on procedure only when performed with other medically necessary primary shoulder surgical procedures **AND ALL** of the above criteria have been met with the exception of localized tenderness to palpation of the acromioclavicular joint. Distal clavicle excision/subacromial decompression/acromioplasty is considered **not medically necessary** for for any other indication or condition.

Labral Repair/Biceps Tenodesis

- Labral repair/biceps tenodesis is considered **medically necessary** when **ALL** of the following criteria have been met:
 - ◆ Function-limiting pain (e.g., loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment)
 - ◆ Individual demonstrates **BOTH** of the following on physical examination when compared to the non-involved side:
 - Minimally limited or full shoulder range of motion
 - **ONE or MORE** of the following positive orthopedic tests
 - O'Brien's Test
 - Biceps Load Test
 - Clunk Test
 - Anterior Slide Test
 - Compression Rotation Test
 - Speed's Test
 - Popeye sign
 - ◆ Failure of provider-directed non-surgical management for at least three (3) months in duration
 - ◆ Advanced diagnostic imaging study (e.g., MRI, CT) demonstrates labral tear/biceps tendon pathology (e.g., SLAP, Bankart, full-thickness subscapularis tear) and correlates with the individual's reported symptoms and physical exam findings
 - ◆ Other potential pathological conditions have been excluded including, but not limited to: fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and advanced glenohumeral osteoarthritis.
- Labral repair/biceps tenodesis is considered **not medically necessary** for all other indications.

Shoulder Instability and/or Laxity

- Arthroscopic or open surgical procedures for shoulder instability and/or laxity are considered **medically necessary** when **ALL** of the following criteria have been met:
 - ◆ Documented history of "post-traumatic" or "atraumatic" instability and/or laxity that has resulted in function-limiting pain (e.g., loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment)
 - ◆ Individual demonstrates **ONE OR MORE** of the following positive orthopedic tests on physical examination when compared to the non-involved side:
 - Anterior or Posterior Apprehension Test
 - Sulcus Sign
 - Load and Shift Test
 - ◆ Failure of provider-directed non-surgical management for at least three (3) months in duration that includes shoulder stabilization/strengthening exercises, except when **EITHER** of the following criteria are met in an acute traumatic injury setting:

- Irreducible shoulder dislocation
 - Anterior shoulder instability in competitive contact or collision athletes
 - ◆ Advanced diagnostic imaging study (e.g., MRI, CT) demonstrates labral tear (e.g., Bankart, capsular tear) and correlates with the individual's reported symptoms and physical exam findings
 - ◆ Other potential pathological conditions have been excluded including, but not limited to: fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain, and advanced glenohumeral osteoarthritis
- Arthroscopic or open surgical procedures for shoulder instability and/or laxity are considered **not medically necessary** for all other indications.

Arthroscopic Capsular Release/Lysis of Adhesions

- Arthroscopic capsular release/lysis of adhesions for an individual with documented chronic refractory adhesive capsulitis/arthrofibrosis which has resulted from disease, injury or surgery is considered **medically necessary** when **ALL** of the following criteria have been met:
- ◆ Function-limiting pain (e.g., loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment) for at least six (6) months in duration
 - ◆ Individual demonstrates functionally limited and painful global loss of active and passive range of motion of at least 50% when compared to the non-involved side
 - ◆ Failure of provider-directed non-surgical management for at least three (3) months in duration, including a combination of anti-inflammatory medication, cortisone injection, and a trial of physical therapy (i.e., active exercise and manual therapy designed to increase joint mobility and range of motion)
 - ◆ Other potential diagnostic conditions including but not limited to fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and advanced glenohumeral osteoarthritis have been excluded.
- Arthroscopic capsular release/lysis of adhesions is considered **not medically necessary** for all other indications.

Experimental, Investigational, or Unproven (EIU)

- Based on lack of scientific safety and efficacy, each of the following is considered **experimental, investigational or unproven (EIU)**:
- ◆ In-office diagnostic arthroscopy (e.g., Mi-Eye™, VisionScope®)
 - ◆ Superior capsular reconstruction using any type of graft (e.g., autograft, allograft, xenograft, or synthetic)
 - ◆ Arthroscopic or open coracoplasty/subcoracoid decompression for the treatment of subcoracoid impingement

Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required.

| CPT® | Code Description/Definition |
|--------------|--|
| 23000 | Removal of subdeltoid calcareous deposits, open |
| 23020 | Capsular contracture release (e.g. Sever type procedure) |
| 23030 | Incision and drainage, shoulder area; deep abscess or hematoma |
| 23031 | Incision and drainage, shoulder area; infected bursa |
| 23035 | Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area |
| 23040 | Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body |
| 23044 | Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body |
| 23065 | Biopsy, soft tissue of shoulder area; superficial |
| 23066 | Biopsy, soft tissue of shoulder area; deep |
| 23071 | Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater |
| 23073 | Excision, tumor, soft tissue of shoulder area, subfascial (e.g. intramuscular); 5 cm or greater |
| 23075 | Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm |
| 23076 | Excision, tumor, soft tissue of shoulder area, subfascial (e.g. intramuscular); less than 5 cm |
| 23077 | Radical resection of tumor (e.g. sarcoma), soft tissue of shoulder area; less than 5 cm |
| 23078 | Radical resection of tumor (e.g. sarcoma), soft tissue of shoulder area; 5 cm or greater |
| 23100 | Arthrotomy, glenohumeral joint, including biopsy |
| 23101 | Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage |
| 23105 | Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy |
| 23106 | Arthrotomy;sternoclavicular joint, with synovectomy, with or without biopsy |
| 23107 | Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body |
| 23120 | Claviculectomy; partial |
| 23125 | Claviculectomy; total |
| 23130 | Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release |
| 23140 | Excision or curettage of bone cyst or benign tumor of clavicle or scapula |
| 23145 | Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft) |
| 23146 | Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft |
| 23150 | Excision or curettage of bone cyst or benign tumor of proximal humerus |
| 23155 | Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft) |
| 23156 | Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft. |
| 23170 | Sequestrectomy (e.g. for osteomyelitis or bone abscess), clavicle |
| 23172 | Sequestrectomy (e.g. for osteomyelitis or bone abscess), scapula |
| 23174 | Sequestrectomy (e.g. for osteomyelitis or bone abscess), humeral head to surgical neck |
| 23180 | Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g. osteomyelitis), clavicle |
| 23182 | Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g. osteomyelitis), scapula |
| 23184 | Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g. osteomyelitis), proximal humerus |
| 23190 | Ostectomy of scapula, partial (eg, superior medial angle) |
| 23195 | Resection, humeral head |
| 23200 | Radical resection of tumor; clavicle |
| 23210 | Radical resection of tumor; scapula |
| 23220 | Radical resection of tumor, proximal humerus |
| 23395 | Muscle transfer, any type, shoulder or upper arm; single |

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| 23397 | Muscle transfer, any type, shoulder or upper arm; multiple |
| 23405 | Tenotomy, shoulder area; single tendon |
| 23406 | Tenotomy, shoulder area; multiple tendons through same incision |
| 23410 | Repair of ruptured musculotendinous cuff (e.g. rotator cuff) open; acute |
| 23412 | Repair of ruptured musculotendinous cuff (e.g. rotator cuff) open; chronic |
| 23415 | Coracoacromial ligament release, with or without acromioplasty |
| 23420 | Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty) |
| 23430 | Tenodesis of long tendon of biceps |
| 23440 | Resection or transplantation of long tendon of biceps |
| 23450 | Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation |
| 23455 | Capsulorrhaphy, anterior; with labral repair (e.g. Bankart procedure) |
| 23460 | Capsulorrhaphy, anterior, any type; with bone block |
| 23462 | Capsulorrhaphy, anterior, any type; with coracoid process transfer |
| 23465 | Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block |
| 23466 | Capsulorrhaphy, glenohumeral joint, any type multi-directional instability |
| 23480 | Osteotomy, clavicle, with or without internal fixation |
| 23485 | Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation) |
| 23490 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle |
| 23491 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus |
| 29805 | Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure) |
| 29806 | Arthroscopy, shoulder, surgical; capsulorrhaphy |
| 29807 | Arthroscopy, shoulder, surgical; repair of SLAP lesion |
| 29819 | Arthroscopy, shoulder, surgical; with removal of loose body or foreign body |
| 29820 | Arthroscopy, shoulder, surgical; synovectomy, partial |
| 29821 | Arthroscopy, shoulder, surgical; synovectomy, complete |
| 29822 | Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (e.g., humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]) |
| 29823 | Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (e.g., humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]) |
| 29824 | Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure) |
| 29825 | Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation |
| 29826 | Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (i.e. arch) release when performed (List separately in addition to code for primary procedure) |
| 29827 | Arthroscopy, shoulder, surgical; with rotator cuff repair |
| 29828 | Arthroscopy, shoulder, surgical; biceps tenodesis |

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules.

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