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CLINICAL GUIDELINES

Musculoskeletal Surgical
Services

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Arthroplasty

Hip Arthroplasty

The use of Arthroplasty of the hip may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates the following:

- Total hip arthroplasty may be reasonable and appropriate for the initial surgical procedure when the patient's medical record demonstrates **ANY** of the following:
 - o Diagnosis of Osteoarthritis and **ALL** of the following: ^{(1) (7) (13) (15)}
 - Pain and associated functional disability that interferes with activities of daily living (ADLs);
 - Limited range of motion (ROM), antalgic or Trendelenburg gait present;
 - Previous imaging demonstrates bone on bone articulation, severe joint space narrowing and/or bone deformity;
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
 - o Diagnosis of Rheumatoid Arthritis and **ALL** of the following: ⁽⁹⁾
 - Pain and associated functional disability that interferes with activities of daily living (ADLs);
 - Limited ROM, antalgic or Trendelenburg gait present;
 - Previous imaging demonstrates bone on bone articulation, severe joint space narrowing and/or bone deformity;
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
 - o Diagnosis of Post-traumatic Arthritis and **ALL** of the following:
 - Pain and associated functional disability that interferes with activities of daily living (ADLs);

- Limited ROM, antalgic or Trendelenburg gait present;
 - Previous imaging demonstrates bone on bone articulation, severe joint space narrowing and/or bone deformity;
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
 - Diagnosis of Avascular Necrosis with Stage III collapse of the femoral head and **BOTH** of the following: ^{(2) (14)}
 - Pain and associated functional disability that interferes with activities of daily living (ADLs);
 - Limited ROM, antalgic or Trendelenburg gait present.
 - Diagnosis of primary or metastatic malignancy involving the proximal femur or adjacent soft tissues.
 - Previous imaging demonstrating a malunion/non-union of fracture to the femoral head or proximal femur, displaced or comminuted fracture of the femoral neck or femoral head and **ALL** of the following: ⁽⁵⁾
 - Pain and associated functional disability that interferes with activities of daily living (ADLs);
 - Limited ROM, antalgic or Trendelenburg gait present;
 - Previous Osteotomy.
 - Previous arthrodesis of the hip and **BOTH** of the following:
 - Pain and associated functional disability that interferes with activities of daily living (ADLs);
 - Limited ROM, antalgic or Trendelenburg gait present.
- Total hip arthroplasty may be reasonable and appropriate for the replacement or revision of previous surgical procedure when the patient's medical record demonstrates the following:
- Pain and associated functional disability that interferes with activities of daily living (ADLs) and **ANY** of the following: ^{(5) (14)}
 - Loosening of one or more components of the prosthetic device;
 - Fracture or mechanical failure of one or more components of the prosthetic device; ^{(6) (12)}
 - Peri-prosthetic infection; ⁽¹⁷⁾
 - Component instability;

- Weight bearing surface wear leading to symptomatic synovitis;
 - Per-prosthetic, displaced or comminuted fracture; ⁽¹⁹⁾⁽²⁰⁾
 - Discrepancy in length of legs that is equal to or greater than three (3) centimeters.
- Partial hip arthroplasty may be reasonable and appropriate for the replacement or revision of previous surgical procedure when the patient's medical record demonstrates **ANY** of the following:
- Diagnosis of Osteoarthritis and **ALL** of the following: ⁽⁴⁾⁽⁸⁾⁽¹¹⁾⁽¹⁴⁾⁽¹⁶⁾
 - Pain and associated functional disability that interferes with activities of daily living (ADLs);
 - Limited ROM, antalgic or Trendelenburg gait present; ⁽¹⁶⁾
 - Previous imaging demonstrates bone on bone articulation, severe joint space narrowing and/or bone deformity;
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications. ⁽¹¹⁾
 - Diagnosis of Post-traumatic Arthritis and **ALL** of the following: ⁽⁸⁾⁽¹⁰⁾
 - Pain and associated functional disability that interferes with activities of daily living (ADLs); ⁽⁸⁾
 - Limited ROM, antalgic or Trendelenburg gait present;
 - Previous imaging demonstrates bone on bone articulation, severe joint space narrowing and/or bone deformity;
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
 - Osteonecrosis with less than 50% of the femoral head affected and **BOTH** of the following: ⁽³⁾⁽⁶⁾⁽¹⁸⁾
 - Pain and associated functional disability that interferes with activities of daily living (ADLs);
 - Limited ROM, antalgic or Trendelenburg gait present

The procedure codes that are associated with this policy are listed below.

Hip	CODES:
Removal of hip prosthesis; (separate procedure)	27090
Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	27091
Acetabuloplasty; (e.g., Whitman, Colonna, Haygroves, or cup type)	27120
Acetabuloplasty; resection, femoral head (e.g., Girdlestone procedure)	27122
Hemiarthroplasty, hip, partial (e.g., femoral stem prosthesis, bipolar arthroplasty)	27125
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	27130
Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	27132
Revision of total hip arthroplasty; both components, with or without autograft or allograft	27134
Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	27137
Revision of total hip arthroplasty; femoral component only, with or without allograft	27138
Metal-on-metal total hip resurfacing, including acetabular and femoral components	S2118

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Knee Arthroplasty

The use of Arthroplasty of the knee may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates the following:

- Total knee arthroplasty may be reasonable and appropriate for the initial surgical procedure when the patient's medical record demonstrates **ANY** of the following:
 - Diagnosis of Osteoarthritis and **ALL** of the following: ^(1,2, 3, 5)
 - Pain and associated functional disability that interferes with activities of daily living (ADLs); ^(3,8)
 - Limited ROM present; ^(3, 8)
 - Previous imaging demonstrates bone on bone articulation, severe joint space narrowing and/or bone deformity;
 - At least twelve (12) weeks of supervised physical therapy; ^(1, 2)
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications; ^(1,2)
 - Therapeutic knee injections have been administered; ⁽⁵⁾
 - Patient is utilizing an assistive device for ambulation.
 - Diagnosis of Rheumatoid Arthritis and **ALL** of the following:
 - Pain and associated functional disability that interferes with activities of daily living (ADLs); ⁽⁸⁾
 - Limited ROM present; ⁽⁷⁾
 - Previous imaging demonstrates bone on bone articulation, severe joint space narrowing and/or bone deformity;
 - At least twelve (12) weeks of supervised physical therapy; ^(1,2)
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications. ⁽⁵⁾
 - Diagnosis of Post-traumatic Arthritis and **ALL** of the following:
 - Pain and associated functional disability that interferes with activities of daily living (ADLs); ⁽⁸⁾
 - Limited ROM present; ⁽⁷⁾
 - Previous imaging demonstrates bone on bone articulation, severe joint space narrowing and/or bone deformity;

- At least twelve (12) weeks of supervised physical therapy; ^(1,5)
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications. ^(1,5)
 - Diagnosis of Avascular Necrosis and **BOTH** of the following: ⁽¹⁰⁾
 - Pain and associated functional disability that interferes with activities of daily living (ADLs); ⁽⁸⁾
 - Limited ROM present. ⁽⁷⁾
 - Diagnosis of primary or metastatic malignancy involving the distal femur, proximal tibia, knee joint or adjacent soft tissues.
 - Previous imaging demonstrating a malunion/non-union of fracture to the distal femur or proximal tibia.
 - Previous osteotomy of the knee and **BOTH** of the following:
 - Pain and associated functional disability that interferes with activities of daily living (ADLs); ⁽⁵⁾
 - Limited ROM present. ⁽⁷⁾
 - Previous partial knee replacement (unicompartmental) of the knee and **BOTH** of the following:
 - Pain and associated functional disability that interferes with activities of daily living (ADLs); ⁽¹⁾
 - Limited ROM present. ⁽⁷⁾

- Total knee arthroplasty may be reasonable and appropriate for the replacement or revision of previous surgical procedure when the patient's medical record demonstrates the following: ⁽⁴⁾
 - Loosening of one or more components of the prosthetic device; ⁽⁴⁾
 - Fracture or mechanical failure of one or more components of the prosthetic device; ⁽⁴⁾
 - Peri-prosthetic infection; ⁽⁴⁾
 - Component instability; ⁽⁴⁾
 - Peri-prosthetic, displaced or comminuted fracture; ⁽⁴⁾
 - Pain and associated functional disability that interferes with activities of daily living (ADLs); and **EITHER** of the following ⁽¹⁾
 - Weight bearing surface wear leading to symptomatic synovitis;
 - Presence of excessive scar tissue in the knee.

- Partial knee arthroplasty may be reasonable and appropriate for the replacement or revision of previous surgical procedure when the patient's medical record demonstrates **ANY** of the following:
 - o Diagnosis of Osteoarthritis and **ALL** of the following: (1, 5)
 - Pain and associated functional disability that interferes with activities of daily living (ADLs); (4)
 - Limited ROM, antalgic or Trendelenburg gait present; (7, 8)
 - Previous imaging demonstrates bone on bone articulation, severe joint space narrowing and/or bone deformity;
 - Anterior Cruciate Ligament is intact; (6,9)
 - Knee ROM is full extension to full flexion, greater than or equal to 90 degrees; (7)
 - At least twelve (12) weeks of supervised physical therapy; (4)
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications. (4)
 - o Diagnosis of Post-traumatic Arthritis and **ALL** of the following: (10)
 - Pain and associated functional disability that interferes with activities of daily living (ADLs); (7)
 - Limited ROM present; (1, 7, 8)
 - Previous imaging demonstrates bone on bone articulation, severe joint space narrowing and/or bone deformity;
 - Anterior Cruciate Ligament is intact; (6, 9)
 - Knee ROM is full extension to full flexion, greater than or equal to 90 degrees; (7,8)
 - At least twelve (12) weeks of supervised physical therapy; (1,4)
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications. (1,4)

The procedure codes that are associated with this policy are listed below.

Knee	CODES:
Arthroplasty, patella; without prosthesis	27437
Arthroplasty, patella; with prosthesis	27438
Arthroplasty, knee, tibial plateau;	27440
Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	27441
Arthroplasty, femoral condyles or tibial plateau(s), knee;	27442
Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	27443
Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	27445
Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	27446
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	27447
Revision of total knee arthroplasty, with or without allograft; 1 component	27486
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	27487
Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	27488

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Shoulder Arthroplasty

The use of Arthroplasty of the shoulder may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates the following:

- Total shoulder arthroplasty may be reasonable and appropriate for the initial surgical procedure when the patient's medical record demonstrates **ANY** of the following:
 - o Diagnosis of Osteoarthritis and **ALL** of the following: ^{(2) (4) (6) (7)}
 - Pain and associated functional disability that interferes with activities of daily living (ADLs); ⁽³⁾
 - Limited ROM present; ^{(3) (5) (7)}
 - Previous imaging demonstrates bone on bone articulation, severe joint space narrowing and/or bone deformity; ⁽³⁾
 - At least twelve (12) weeks of supervised physical therapy; ^{(2) (3)}
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications. ^{(2) (3)}
 - o Diagnosis of Rheumatoid Arthritis and **ALL** of the following: ⁽⁷⁾
 - Pain and associated functional disability that interferes with activities of daily living (ADLs); ⁽³⁾
 - Limited ROM present; ^{(3) (5)}
 - Previous imaging demonstrates bone on bone articulation, severe joint space narrowing and/or bone deformity; ⁽³⁾
 - At least twelve (12) weeks of supervised physical therapy; ⁽³⁾
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications. ⁽³⁾
 - o Diagnosis of Post-traumatic Arthritis and **ALL** of the following: ^{(3) (6)}
 - Pain and associated functional disability that interferes with activities of daily living (ADLs);
 - Limited ROM present; ⁽⁶⁾
 - Previous imaging demonstrates bone on bone articulation, severe joint space narrowing and/or bone deformity;
 - At least six (6) weeks of supervised physical therapy;

- At least six (6) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
 - Diagnosis of Avascular Necrosis and **BOTH** of the following: ⁽³⁾
 - Pain and associated functional disability that interferes with activities of daily living (ADLs);
 - Limited ROM present.
 - Diagnosis of primary or metastatic malignancy involving the glenohumeral joint or adjacent soft tissues.
 - Previous imaging demonstrating a malunion/non-union of fracture to the humeral head, displaced or comminuted fracture of the proximal humerus.
 - ^{(1) (3)}
 - Previous osteotomy of the shoulder and **BOTH** of the following:
 - Pain and associated functional disability that interferes with activities of daily living (ADLs);
 - Limited ROM present.
- Total shoulder arthroplasty may be reasonable and appropriate when the patient's medical record demonstrates **ANY** of the following:
 - Peri-prosthetic infection;
 - Shoulder pain for greater than three (3) months with unknown etiology;
 - Peri-prosthetic, displaced or comminuted fracture;
 - Pain and associated functional disability that interferes with activities of daily living (ADLs) and **ANY** of the following:
 - Loosening of one or more components of the prosthetic device;
 - Fracture or mechanical failure of one or more components of the prosthetic device;
 - Component instability;
 - Migration of the humeral head is present.
- Partial shoulder arthroplasty may be reasonable and appropriate when the patient's medical record demonstrates **ANY** of the following:
 - Diagnosis of Osteoarthritis and **ALL** of the following: ^{(4) (8)}
 - Pain and associated functional disability that interferes with activities of daily living (ADLs);
 - Limited ROM present; ^{(4) (5)}

- Previous imaging demonstrates bone on bone articulation, severe joint space narrowing and/or bone deformity;
 - Anterior Cruciate Ligament is intact;
 - Shoulder ROM is full extension to full flexion, greater than or equal to 90 degrees;
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
- Diagnosis of Post-traumatic Arthritis and **ALL** of the following:
- Pain and associated functional disability that interferes with activities of daily living (ADLs);
 - Limited ROM present;
 - Previous imaging demonstrates bone on bone articulation, severe joint space narrowing and/or bone deformity;
 - Shoulder ROM is full extension to full flexion, greater than or equal to 90 degrees;
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.

The procedure codes that are associated with this policy are listed below.

Shoulder	CODES:
Arthroplasty, glenohumeral joint; hemiarthroplasty	23470
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	23472
Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	23473
Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	23474

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Arthroscopy

Hip Arthroscopy

The use of Arthroscopy of the hip may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates the following:

- Hip Arthroscopy for debridement, chondroplasty and/or removal of loose or foreign body may be reasonable and appropriate when the patient's medical record demonstrates **EITHER** of the following:
 - o Intra-articular infection is present;
 - o Hip pain and associated functional disability which interferes with activities of daily living for a minimum of six (6) months, limited range of motion (ROM), swelling/effusion which has failed to be relieved having had at least six (6) weeks of supervised physical therapy and at least six (6) weeks of anti-inflammatory or analgesic medications; and; and **EITHER** of the following: ⁽²⁾⁽³⁾
 - Osteoarthritis with Outerbridge Classification of III or IV with marked joint space narrowing ⁽¹⁾⁽⁶⁾
 - Previous MRI demonstrates loose intra-articular bodies, articular cartilage lesion and/or other mechanical derangement within the hip joint. ⁽³⁾⁽⁴⁾⁽⁵⁾⁽⁶⁾⁽⁷⁾⁽¹⁰⁾⁽¹¹⁾⁽¹²⁾⁽¹³⁾

- Hip Arthroscopy for synovectomy and/or synovial biopsy may be reasonable and appropriate when the patient's medical record demonstrates **ALL** of the following:
 - o Hip pain and associated functional disability which interferes with activities of daily living for a minimum of six (6) months; ⁽⁸⁾

- Limited range of motion (ROM), swelling/effusion; ^{(8) (9) (10)}
 - Previous imaging of the hip correlates with symptoms and the patient's medical presentation; ^{(8) (9) (10) (12) (13)}
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
- Hip Arthroscopy for femoroplasty or acetabuloplasty may be reasonable and appropriate when the patient's medical record demonstrates conservative management for at least eight (8) weeks with cortisone injections and supervised physical therapy.

The procedure codes that are associated with this policy are listed below.

Hip	CODES:
Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	29860
Arthroscopy, hip, surgical; with removal of loose body or foreign body	29861
Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	29862
Arthroscopy, hip, surgical; with synovectomy	29863
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	29914
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	29915
Arthroscopy, hip, surgical; with labral repair	29916

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Knee Arthroscopy

The use of Arthroscopy of the knee may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates the following:

- Knee Arthroscopy for diagnostic purposes may be reasonable and appropriate for the when the patient's medical record demonstrates **ALL** of the following:
 - Knee pain and associated functional disability which interferes with ADLs present for a minimum of six (6) months; ⁽¹¹⁾
 - Limited range of motion and/or swelling /effusion identified on physical examination; ⁽⁸⁾
 - Previous MRI of the knee was inconclusive for internal derangement and/or pathology;
 - Therapeutic knee injections administered without relief; ⁽¹⁾
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.

- Knee Arthroscopy for debridement, chondroplasty and/or removal of loose or foreign body may be reasonable and appropriate when the patient's medical record demonstrates **EITHER** of the following:
 - Intra-articular infection is present;
 - Knee pain and associated functional disability which interferes with activities of daily living for a minimum of six (6) months and **ANY** of the following: ⁽⁶⁾
 - Limited range of motion (ROM), swelling/effusion which has failed to be relieved having had at least six (6) weeks of supervised physical therapy and at least six (6) weeks of anti-inflammatory or analgesic medications; and; and **EITHER** of the following: ^{(4) (5) (7)}

- Osteoarthritis with Outerbridge Classification of I or II with previous MRI demonstrating loose intra-articular bodies, articular cartilage lesion and/or other mechanical derangement within the knee joint. (2) (4) (6) (7)
 - Painful, buckling, clicking, popping, locking or giving way/weakness of the knee. (2) (4) (6)
- Knee Arthroscopy for anterior cruciate ligament (ACL) repair or reconstruction may be reasonable and appropriate when the patient's medical record demonstrates **ALL** of the following:
- Knee pain and associated functional disability which interferes with activities of daily living; (3) (8)
 - Knee is giving way or exhibiting weakness; (9) (14)
 - Positive Drawer or Lachman's test and/or a positive pivot shift on physical examination; (3) (10) (13) (14)
 - Limited range of motion and/or swelling /effusion identified on physical examination; (14)
 - Prior imaging is positive for evidence of an ACL tear; (9) (14)
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
- Knee Arthroscopy for lateral collateral ligament (LCL) repair or reconstruction may be reasonable and appropriate when the patient's medical record demonstrates **ALL** of the following:
- Knee pain and associated functional disability which interferes with activities of daily living;
 - Knee is giving way or exhibiting weakness;
 - Positive Varus Stress test on physical examination;

- Limited range of motion and/or swelling /effusion identified on physical examination;
 - Prior imaging is positive for evidence of an LCL tear;
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
- Knee Arthroscopy for medial collateral ligament (MCL) repair or reconstruction may be reasonable and appropriate when the patient's medical record demonstrates **ALL** of the following:
- Knee pain and associated functional disability which interferes with activities of daily living;
 - Knee is giving way or exhibiting weakness;
 - Positive Valgus Stress test on physical examination;
 - Limited range of motion and/or swelling /effusion identified on physical examination;
 - Prior imaging is positive for evidence of an MCL tear; ⁽¹³⁾
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
- Knee Arthroscopy for posterior cruciate ligament (PCL) repair or reconstruction may be reasonable and appropriate when the patient's medical record demonstrates **ALL** of the following:
- Knee pain and associated functional disability which interferes with activities of daily living;
 - Knee is giving way or exhibiting weakness; ⁽¹³⁾
 - Positive Drawer, Tibial Drop Back or Quadriceps Active test on physical examination;

- Limited range of motion and/or swelling /effusion identified on physical examination;
 - Prior imaging is positive for evidence of an PCL tear;
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
- Knee Arthroscopy for lateral retinacular release may be reasonable and appropriate when the patient's medical record demonstrates **BOTH** of the following:
- Acute patellar dislocation;
 - Prior imaging demonstrates intra-articular fracture.
- Knee Arthroscopy for meniscectomy may be reasonable and appropriate when the patient's medical record demonstrates **ALL** of the following:
- Knee pain and associated functional disability which interferes with activities of daily living; ^{(1) (7) (15)}
 - Limited range of motion swelling/effusion or joint line tenderness identified on physical examination, or Positive McMurray's, positive Apley test, positive Coopers sign on physical examination, or Patient reports painful buckling, clicking, popping, locking, or giving way/weakness of the knee; ^{(7) (8) (12)}
 - Previous MRI of the knee demonstrates a meniscal tear; ^{(8) (9) (12) (15)}
 - Previous imaging demonstrates normal joint space;
 - At least twelve (12) weeks of supervised physical therapy; ⁽⁷⁾
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications. ⁽⁷⁾

- Knee Arthroscopy for subchondral drilling or micro fracturing may be reasonable and appropriate when the patient's medical record demonstrates **EITHER** of the following:
 - Osteochondritis dissecans;
 - Osteoarthritis diagnosis with Outerbridge Classification of III or IV or lesion of the knee cartilage which is equal to or less than 25cm² or prior imaging demonstrates a large distal femoral articular cartilage defect;
 - Previous imaging demonstrated normal joint space on weight bearing radiograph; ⁽⁹⁾
 - At least six (6) weeks of supervised physical therapy;
 - At least six (6) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
 - Knee pain and associated functional disability which interferes with activities of daily living for a minimum of six (6) months;

- Knee Arthroscopy for osteochondral allograft or autograft may be reasonable and appropriate when the patient's medical record demonstrates **ALL** of the following:
 - MRI positive for osteoarthritic condition;
 - At least six (6) weeks of supervised physical therapy;
 - At least six (6) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
 - Therapeutic or Viscosupplementation knee injections administered without relief; ^{(1), 16}

- Arthroscopically assisted treatment for a fracture is considered reasonable and appropriate.

- Knee Arthroscopy for synovectomy and/or synovial biopsy may be reasonable and appropriate when the patient's medical record demonstrates **ALL** of the following:
 - Knee pain and associated functional disability which interferes with ADLs for a minimum of six (6) months;
 - Limited range of motion, swelling/effusion present on physician exam; ⁽⁶⁾
 - Previous imaging of the knee correlates with symptoms and physical presentation; ⁽⁶⁾
 - Previous imaging demonstrates pathology; ⁽⁷⁾
 - At least twelve (12) weeks of supervised physical therapy; ⁽⁷⁾
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications. ⁽⁷⁾

The procedure codes that are associated with this policy are listed below.

Knee	CODES:
Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	29850
Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	29851
Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	29855
Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	29856
Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	29866
Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	29867
Arthroscopy, knee, surgical; meniscal transplplantation (includes arthrotomy for meniscal insertion), medial or lateral	29868
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	29870
Arthroscopy, knee, surgical; for infection, lavage and drainage	29871
Arthroscopy, knee, surgical; with lateral release	29873
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	29874
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	29875
Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	29876
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	29877
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	29879
Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	29880
Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	29881
Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	29882
Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	29883
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	29884
Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	29885

Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	29886
Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	29887
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	29888
Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	29889

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Shoulder Arthroscopy

The use of Arthroscopy of the shoulder may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates the following:

- Shoulder Arthroscopy for diagnostic purposes may be reasonable and appropriate when the patient's medical record demonstrates **ALL** of the following:
 - o Shoulder pain and associated functional disability which interferes with ADLs
 - o Limited range of motion in the shoulder; ⁽⁴⁾
 - o Shoulder weakness is present on physical exam;
 - o Previous imaging of the shoulder is inconclusive.

- Shoulder Arthroscopy for chronic shoulder instability may be reasonable and appropriate when the patient's medical record demonstrates **ALL** of the following:
 - o Shoulder pain and associated functional disability which interferes with ADLs;₍₂₎
 - o Recurrent shoulder instability/derangement;₍₂₎
 - o Positive O'Brien's, anterior or posterior apprehension or Sulcus test;₍₂₎
 - o Previous imaging is consistent recurrent shoulder instability/derangement;
 - o At least six (6) weeks of supervised physical therapy;
 - o At least six (6) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.

- Shoulder Arthroscopy for rotator cuff repair may be reasonable and appropriate when the patient's medical record demonstrates **ALL** of the following:

- Shoulder pain and associated functional disability which interferes with ADLs ; (1) (8)
 - Limited range of motion in the shoulder; (1) (4) (8)
 - Shoulder weakness is present on physical exam; (1) (8)
 - Positive Drop Arm, Neer Impingement, Hawkins Kennedy Impingement or Painful Arc test. (1) (7)
 - Previous imaging demonstrates a Grade II or III (full thickness) rotator cuff tear; (1) (8)
 - At least six (6) weeks of supervised physical therapy; (1) (3) (7)
 - At least six (6) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications. (1) (7)
- Shoulder Arthroscopy for labral tear-bicipital tendon repair and/or debridement may be reasonable and appropriate when the patient's medical record demonstrates **ALL** of the following:
- Shoulder pain and associated functional disability which interferes with ADLs; (5) (7) (9)
 - Limited range of motion in the shoulder; (5) (9)
 - Shoulder weakness is present on physical exam; (7) (9)
 - Positive O'Brien's, anterior or posterior apprehension or Sulcus test. (2) (7) (9)
 - Previous imaging demonstrates a labral tear and/or bicipital tendon pathology; (7) (9)
 - At least six (6) weeks of supervised physical therapy; (7)
 - At least six (6) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.

- Shoulder Arthroscopy for sub-acromial decompression, acromioplasty-distal clavicular excision and/or lysis of adhesions may be reasonable and appropriate when the patient's medical record demonstrates **ALL** of the following:
 - Shoulder pain and associated functional disability which interferes with ADLs; ⁽⁵⁾
 - Limited range of motion in the shoulder; ⁽⁵⁾
 - Shoulder weakness is present on physical exam;
 - Positive Cross Arm Adduction, Arm Extension, Neer Impingement, Hawkins Kennedy Impingement, or Painful Arc test; ⁽²⁾
 - Previous imaging demonstrates a labral tear and/or bicipital tendon pathology; ⁽⁷⁾
 - At least six (6) weeks of supervised physical therapy; ⁽⁷⁾
 - At least six (6) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.

- Shoulder Arthroscopy for synovectomy and/or synovial biopsy may be reasonable and appropriate when the patient's medical record demonstrates **ALL** of the following:
 - Shoulder pain and associated functional disability which interferes with ADLs for a minimum of six (6) months;
 - Limited range of motion, swelling/effusion present on physician exam; ⁽⁶⁾
 - Previous imaging of the shoulder correlates with symptoms and physical presentation; ⁽⁶⁾
 - Positive Cross Arm Adduction, Arm Extension, Neer Impingement, Hawkins Kennedy Impingement, or Painful Arc test; ⁽²⁾

- Previous imaging demonstrates a labral tear and/or bicipital tendon pathology;⁽⁷⁾
 - At least six (6) weeks of supervised physical therapy;⁽⁷⁾
 - At least six (6) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.⁽⁷⁾
- Shoulder Arthroscopy for debridement, chondroplasty and/or removal of loose or foreign body may be reasonable and appropriate when the patient's medical record demonstrates **EITHER** of the following:
- Intra-articular infection is present;
 - Knee pain and associated functional disability which interferes with activities of daily living for a minimum of six (6) months and **ANY** of the following:⁽⁶⁾
 - Limited range of motion (ROM), swelling/effusion which has failed to be relieved having had at least six (6) weeks of supervised physical therapy and at least six (6) weeks of anti-inflammatory or analgesic medications; and; and **EITHER** of the following:⁽⁴⁾⁽⁵⁾⁽⁷⁾
 - Osteoarthritis with Outerbridge Classification of I or II with previous MRI demonstrating loose intra-articular bodies, articular cartilage lesion and/or other mechanical derangement within the shoulder joint.
 - Painful, clicking, popping, locking or weakness of the shoulder.

The procedure codes that are associated with this policy are listed below.

Shoulder	CODES:
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	29805
Arthroscopy, shoulder, surgical; capsulorrhaphy	29806
Arthroscopy, shoulder, surgical; repair of SLAP lesion	29807
Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	29819
Arthroscopy, shoulder, surgical; synovectomy, partial	29820
Arthroscopy, shoulder, surgical; synovectomy, complete	29821
Arthroscopy, shoulder, surgical; debridement, limited	29822
Arthroscopy, shoulder, surgical; debridement, extensive	29823
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	29824
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	29825
Arthroscopy, shoulder, surgical; with rotator cuff repair	29827
Arthroscopy, shoulder, surgical; biceps tenodesis	29828

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Open Surgical Procedures:

The use of incisional/excisional surgical procedures, to include arthrotomy, arthrodesis, claviclectomy, tenotomy, acromioplasty, incision/drainage, excisional procedures, sequestrotomy, radical resection, grafting and reconstruction, may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates the following:

Hip: Arthrotomy, Arthrodesis, Acromioplasty, Cyst/Tumor, Excision, Incision/Drainage, Fasciotomy, Fracture, Tenotomy

The use of open surgical procedure of the hip may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates the following:

- Open surgery of the hip for debridement, chondroplasty removal of a loose or foreign body may be reasonable and appropriate when the patient's medical record specifies a contraindication to arthroscopic approach is present and **EITHER** of the following: (22-25)
 - o Intra-articular infection is present;
 - o Hip pain and associated functional disability which interferes with activities of daily living for a minimum of six (6) months, limited range of motion (ROM), swelling/effusion which has failed to be relieved having had at least six (6) weeks of supervised physical therapy and at least six (6) weeks of anti-inflammatory or analgesic medications; and; and **EITHER** of the following:

- Osteoarthritis with Outerbridge Classification of III or IV with marked joint space narrowing
 - Previous MRI demonstrates loose intra-articular bodies, articular cartilage lesion and/or other mechanical derangement within the hip joint.
- Open surgery of the hip for tumor resection with or without biopsy may be reasonable and appropriate when the patient's medical record specifies a contraindication to arthroscopic approach is present and **EITHER** of the following:
- Known or suspected primary malignancy;
 - Known or suspected metastatic disease.
- Open surgery of the hip for fracture treatment is considered reasonable and appropriate when the patient's medical record specifies a documented fracture.
- Arthrodesis of the sacroiliac joint may be reasonable and appropriate when the patient's medical record specifies **ANY** of the following:
- Trauma with instability;
 - Proven Infections
 - Tumor
- Manipulation of the hip under anesthesia for treatment of arthrofibrosis may be reasonable and appropriate when the patient's medical record demonstrates **ALL** of the following: (9-21)
- Hip pain and associated functional disability which interferes with ADLs;
 - Limited range of motion on physical examination;
 - Diagnosis of arthrofibrosis;
 - At least twelve (12) weeks of supervised physical therapy;

- At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.

The procedure codes that are associated with this policy are listed below.

Hip	CODES:
Incision and drainage, pelvis or hip joint area; infected bursa	26991
Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	26992
Tenotomy, adductor of hip, percutaneous (separate procedure)	27000
Tenotomy, adductor of hip, open	27001
Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	27003
Tenotomy, hip flexor(s), open (separate procedure)	27005
Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	27006
Fasciotomy, hip or thigh, any type	27025
Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	27036
Arthrotomy, with biopsy; sacroiliac joint	27050
Arthrotomy, with biopsy; hip joint	27052
Arthrotomy with synovectomy, hip joint	27054
Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral	27057
Excision; ischial bursa	27060
Excision; trochanteric bursa or calcification	27062
Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed	27065
Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision	27067
Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	27070
Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	27071
Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	27075
Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	27076
Radical resection of tumor; innominate bone, total	27077
Radical resection of tumor; ischial tuberosity and greater trochanter of femur	27078
Manipulation, hip joint, requiring general anesthesia	27275
Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	27470

Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	27472
Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	27495
Arthrotomy, hip, including exploration or removal of loose or foreign body	27033
Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	27035
Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	27187
Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	27279
Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	27280
Arthrodesis, symphysis pubis (including obtaining graft)	27282
Arthrodesis, hip joint (including obtaining graft);	27284
Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	27286

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Knee: Arthrotomy, Arthrodesis, Acrominoplasty, Cyst/Tumor, Excision, Incision/Drainage, Fasciotomy, Fracture, Tenotomy, Ligament Repair

The use of open surgical procedure of the knee may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates the following:

- Open surgery of the knee for anterior cruciate ligament (ACL) repair or reconstruction may be reasonable and appropriate when the patient's medical record specifies a contraindication to arthroscopic approach is present and **ALL** of the following: (9-21)
 - o Knee pain and associated functional disability which interferes with activities of daily living;
 - o Knee is giving way or exhibiting weakness;
 - o Positive Drawer or Lachman's test and/or a positive pivot shift on physical examination;
 - o Limited range of motion and/or swelling /effusion identified on physical examination;
 - o Prior imaging is positive for evidence of an ACL tear;
 - o At least twelve (12) weeks of supervised physical therapy;
 - o At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.

- Open surgery of the knee for lateral collateral ligament (LCL) repair or reconstruction may be reasonable and appropriate when the patient's medical

record specifies a contraindication to arthroscopic approach is present and **ALL** of the following: (9-21)

- Knee pain and associated functional disability which interferes with activities of daily living;
- Knee is giving way or exhibiting weakness;
- Positive Varus Stress test on physical examination;
- Limited range of motion and/or swelling /effusion identified on physical examination;
- Prior imaging is positive for evidence of an LCL tear;
- At least twelve (12) weeks of supervised physical therapy;
- At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.

- Open surgery of the knee for medial collateral ligament (MCL) repair or reconstruction may be reasonable and appropriate when the patient's medical record specifies a contraindication to arthroscopic approach is present and **ALL** of the following: (9-21)

- Knee pain and associated functional disability which interferes with activities of daily living;
- Knee is giving way or exhibiting weakness;
- Positive Valgus Stress test on physical examination;
- Limited range of motion and/or swelling /effusion identified on physical examination;
- Prior imaging is positive for evidence of an MCL tear;
- At least twelve (12) weeks of supervised physical therapy;
- At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.

- Open surgery of the knee for posterior cruciate ligament (PCL) repair or reconstruction may be reasonable and appropriate when the patient's medical record specifies a contraindication to arthroscopic approach is present and **ALL** of the following: (9-21)
 - Knee pain and associated functional disability which interferes with activities of daily living;
 - Knee is giving way or exhibiting weakness;
 - Positive Drawer, Tibial Drop Back or Quadriceps Active test on physical examination;
 - Limited range of motion and/or swelling /effusion identified on physical examination;
 - Prior imaging is positive for evidence of an PCL tear;
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.

- Open surgery of the knee for lateral retinacular release may be reasonable and appropriate when the patient's medical record specifies a contraindication to arthroscopic approach is present and **BOTH** of the following: (9-21)
 - Acute patellar dislocation;
 - Prior imaging demonstrates intra-articular fracture.

- Manipulation of the knee under anesthesia for treatment of arthrofibrosis may be reasonable and appropriate when the patient's medical record demonstrates **ALL** of the following: (9-21)
 - Knee pain and associated functional disability which interferes with ADLs;
 - Limited range of motion on physical examination;
 - Diagnosis of athrofibrosis;

- At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
- Open surgery of the knee for meniscectomy/meniscal repair may be reasonable and appropriate when the patient's medical record specifies a contraindication to arthroscopic approach is present and **ALL** of the following: (9-21)
- Knee pain and associated functional disability which interferes with activities of daily living;
 - Limited range of motion swelling/effusion or joint line tenderness identified on physical examination, or Positive McMurray's, positive Apley test, positive Cooperis sign on physical examination, or Patient reports painful buckling, clicking, popping, locking, or giving way/weakness of the knee;
 - Previous MRI of the knee demonstrates a meniscal tear;
 - Previous imaging demonstrates normal joint space;
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
- Open surgery of the knee for patellar tendon realignment may be reasonable and appropriate when the patient's medical record demonstrates **EITHER** of the following: (9-21)
- Q angle of greater than 15 degrees with a positive Patellar Apprehension test on physical exam; and **ALL** of the following:
 - Knee pain and associated functional disability which interferes with activities of daily living;

- Repeated instability of the patella;
- At least twelve (12) weeks of supervised physical therapy;
- At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
- Prior imaging demonstrates an osteochondral defect; and **ALL** of the following:
 - Knee pain and associated functional disability which interferes with activities of daily living;
 - Repeated instability of the patella;
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
- Open surgery of the knee for tumor resection with or without biopsy may be reasonable and appropriate when the patient's medical record specifies a contraindication to arthroscopic approach is present and **EITHER** of the following:
 - Known or suspected primary malignancy;
 - Known or suspected metastatic disease.
- Open surgery of the knee for fracture treatment is considered reasonable and appropriate when the patient's medical record specifies a documented fracture.

The procedure codes that are associated with this policy are listed below.

Knee	CODES:
Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	27301
Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	27303
Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	27310
Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	27331
Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	27332
Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	27333
Arthrotomy, with synovectomy, knee; anterior OR posterior	27334
Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	27335
Excision, prepatellar bursa	27340
Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	27347
Excision or curettage of bone cyst or benign tumor of femur;	27355
Excision or curettage of bone cyst or benign tumor of femur; with allograft	27356
Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	27357
Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	27360
Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	27329
Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	27364
Radical resection of tumor, femur or knee	27365
Removal of foreign body, deep, thigh region or knee area	27372
Arthrotomy with meniscus repair, knee	27403
Repair, primary, torn ligament and/or capsule, knee; collateral	27405
Repair, primary, torn ligament and/or capsule, knee; cruciate	27407
Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	27409
Autologous chondrocyte implantation, knee	27412
Osteochondral allograft, knee, open	27415
Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	27416
Anterior tibial tubercleplasty (eg, Maquet type procedure)	27418
Reconstruction of dislocating patella; (eg, Hauser type procedure)	27420
Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	27422
Reconstruction of dislocating patella; with patellectomy	27424
Lateral retinacular release, open	27425
Ligamentous reconstruction (augmentation), knee; extra-articular	27427
Ligamentous reconstruction (augmentation), knee; intra-articular (open)	27428
Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	27429

Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	27570
Arthrodesis, knee, any technique	27580

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Shoulder: Arthrotomy, Arthrodesis, Acromioplasty, Cyst/Tumor, Excision, Incision/Drainage, Fasciotomy, Fracture, Tenotomy, Ligament Repair

The use of open surgical procedure of the shoulder may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates the following:

- Open surgery of the shoulder may be reasonable and appropriate when the patient's medical record specifies a contraindication to arthroscopic approach is present and **ALL** of the following: (1-5, 7)
 - o Shoulder pain and associated functional disability which interferes with ADLs;
 - o Limited range of motion, swelling/effusion present on physical exam;
 - o Previous imaging of the shoulder correlates with symptoms and physical presentation;
 - o At least twelve (12) weeks of supervised physical therapy;
 - o At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.

- Open surgery of the shoulder for labral tear-bicipital tendon repair and/or debridement may be reasonable and appropriate when the patient's medical record specifies a contraindication to arthroscopic approach is present and **ALL** of the following: (1-5, 7)
 - o Shoulder pain and associated functional disability which interferes with ADLs;
 - o Limited range of motion on physical exam;

- Shoulder weakness is present on physical exam;
 - Positive O'Brien's, Anterior or Posterior Apprehension or Sulcus test;
 - Previous imaging demonstrates labral tear and/or bicipital tendon pathology;
 - At least six (6) weeks of supervised physical therapy;
 - At least six (6) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
- Open surgery of the shoulder for rotator cuff repair may be reasonable and appropriate when the patient's medical record specifies a contraindication to arthroscopic approach is present and **ALL** of the following: ^(1-5,7)
- Shoulder pain and associated functional disability which interferes with ADLs;
 - Limited range of motion in the shoulder;
 - Shoulder weakness is present on physical exam;
 - Positive Drop Arm, Neer Impingement, Hawkins Kennedy Impingement or Painful Arc test.
 - Previous imaging demonstrates a Grade II or III (full thickness) rotator cuff tear;
 - At least six (6) weeks of supervised physical therapy;
 - At least six (6) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
- Open surgery of the shoulder for sub-acromial decompression/acromioplasty-distal clavicular excision may be reasonable and appropriate when the patient's medical record specifies a contraindication to arthroscopic approach is present and **ALL** of the following: ^(1-5,7)

- Shoulder pain and associated functional disability which interferes with ADLs;
 - Limited range of motion in the shoulder;
 - Shoulder weakness is present on physical exam;
 - Positive Cross Arm Adduction, Arm Extension, Neer Impingement, Hawkins Kennedy Impingement, or Painful Arc test;
 - Previous imaging demonstrates a labral tear and/or bicipital tendon pathology;
 - At least six (6) weeks of supervised physical therapy;
 - At least six (6) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
- Open surgery of the shoulder for chronic shoulder instability may be reasonable and appropriate when the patient's medical record specifies a contraindication to arthroscopic approach is present and **ALL** of the following: (1-5,7)
- Shoulder pain and associated functional disability which interferes with ADLs;
 - Recurrent shoulder instability/derangement;
 - Positive O'Brien's, anterior or posterior apprehension or Sulcus test;
 - Previous imaging is consistent recurrent shoulder instability/derangement;
 - At least six (6) weeks of supervised physical therapy;
 - At least six (6) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
- Open surgery of the shoulder for arthrodesis may be reasonable and appropriate when the patient's medical record specifies a contraindication to arthroscopic approach is present and **ALL** of the following: (1-5, 7)

- Shoulder pain and associated functional disability which interferes with ADLs;
- Limited range of motion in the shoulder;
- At least six (6) weeks of supervised physical therapy;
- At least six (6) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.

AND ANY of the following:

- Active tuberculosis or bacterial infection of the shoulder confirmed on previous imaging;
- Recurrent shoulder instability or internal derangement confirmed on previous imaging;
- Rotator cuff arthropathy/tear confirmed on previous imaging;
- Paralytic disorder of infancy confirmed on previous imaging;
- Brachial plexus palsy with flail shoulder confirmed on previous imaging;
- Failed previous total shoulder arthroplasty.

The procedure codes that are associated with this policy are listed below.

Shoulder	CODES:
Incision and drainage, shoulder area; infected bursa	23031
Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	23035
Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	23040
Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	23044
Arthrotomy, glenohumeral joint, including biopsy	23100
Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	23101
Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	23107
Claviclectomy; partial	23120
Claviclectomy; total	23125
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	23130
Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	23140
Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	23145
Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft	23146
Excision or curettage of bone cyst or benign tumor of proximal humerus;	23150
Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	23155
Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft	23156
Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	23170
Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	23172
Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	23174
Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	23180
Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	23182
Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	23184
Ostectomy of scapula, partial (eg, superior medial angle)	23190
Resection, humeral head	23195
Radical resection of tumor; clavicle	23200
Radical resection of tumor; scapula	23210
Radical resection of tumor, proximal humerus	23220
Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	23334

Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	23335
Scapulopexy (eg, Sprengels deformity or for paralysis)	23400
Tenotomy, shoulder area; single tendon	23405
Tenotomy, shoulder area; multiple tendons through same incision	23406
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	23410
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	23412
Coracoacromial ligament release, with or without acromioplasty	23415
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	23420
Tenodesis of long tendon of biceps	23430
Resection or transplantation of long tendon of biceps	23440
Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	23450
Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	23455
Capsulorrhaphy, anterior, any type; with bone block	23460
Capsulorrhaphy, anterior, any type; with coracoid process transfer	23462
Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	23465
Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	23466
Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	23490
Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	23491
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	23700
Arthrodesis, glenohumeral joint;	23800
Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	23802

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Osteotomy

The use of osteotomy may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates the following:

- Use of osteotomy is medically appropriate and supported by evidence to improve outcomes for patients when a bone graft is required.
- Use of osteotomy during internal or external fixation procedures of the may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates **ALL** of the following:
 - In or Out toeing, coxa vara or dysplasia that is either congenital or acquired; ⁽⁵⁾
 - X-ray demonstrating malalignment of the hip with neck shaft angle of greater than or less than 130 degrees;
 - CT scan demonstrating ante version of less than 20 degrees.
- Use of osteotomy during transfer of the greater trochanter of the femur may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates **BOTH** of the following: ⁽¹⁻⁴⁾
 - Trendelenburg gait (abductor weakness);
 - Hip pain

The procedure codes that are associated with this policy are listed below.

Osteotomy	CODES:
Osteotomy, clavicle, with or without internal fixation;	23480
Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	23485
Osteotomy and transfer of greater trochanter of femur (separate procedure)	27140
Osteotomy, iliac, acetabular or innominate bone;	27146
Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	27147
Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	27151
Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	27156
Osteotomy, femoral neck (separate procedure)	27161
Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	27165
Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	27170
Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	27454
Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	27455
Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	27457
Osteoplasty, femur; shortening (excluding 64876)	27465
Osteoplasty, femur; lengthening	27466

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Spinal Decompression Surgery

The use of spinal decompression surgery, to include corpectomy, discectomy, laminotomy/ectomy, or foraminotomy/ectomy, may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates the following:

Cervical Spine

- The use of cervical spine decompression surgery may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates **ANY** of the following:
 - CT or MRI of the cervical spine which demonstrates infection or tumor of the cervical spine or epidural hematoma/s;
 - CT or MRI of the cervical spine which demonstrates spinal fracture, dislocation, locked facets or displaced fracture fragments;
 - CT or MRI of the cervical spine which demonstrates moderate to severe foraminal stenosis and/or cervical disc herniation; and **ANY** of the following:
 - Myelopathy or progressing radiculopathy with weakness;
 - Hyperreflexia (Hoffman's sign); and **ALL** of the following:
 - Persistent neck or arm pain with alteration in ADLs;
 - Weakness, numbness or tingling and/or decreased motor skills;
 - Previous epidural and/or facet injections to the spinal region in question;
 - At least twelve (12) weeks of supervised physical therapy;

- At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.
- Radiculopathy; and **ALL** of the following:
 - Persistent neck or arm pain with alteration in ADLs;
 - Weakness, numbness or tingling and/or decreased motor skills;
 - Previous epidural and/or facet injections to the spinal region in question;
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.

Cervical Cordotomy

Additionally the use of cervical spine laminectomy with cordotomy may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates any incurable condition affecting the cervical spine, which has not responded to medication or intrathecal therapy. (13)

The procedure codes that are associated with this policy are listed below.

Cervical Spine	CODES:
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	63001
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	63015
Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	63020
Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	63040
Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	63045
Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	63050
Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	63051
Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace	63075
Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	63081
Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments	63180
Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments	63182
Laminectomy with rhizotomy; 1 or 2 segments	63185
Laminectomy with rhizotomy; more than 2 segments	63190
Laminectomy with section of spinal accessory nerve	63191
Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical	63194
Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	63196
Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	63198
Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	63250
Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	63300

Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical

63304

Lumbar Spine

- The use of lumbar spine decompression surgery may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates **ANY** of the following:
 - Progressive neurological findings, i.e. foot drop, loss of bowel and/or bladder control;^{3, 6-9}
 - CT or MRI of the lumbar spine which demonstrates infection or tumor of the lumbar spine or epidural hematoma/s;
 - CT or MRI of the lumbar spine which demonstrates spinal fracture, dislocation, locked facets or displaced fracture fragments;
 - CT or MRI of the lumbar spine which demonstrates moderate to severe foraminal stenosis and/or lumbar disc herniation; and **ANY** of the following:
 - Myelopathy; and **ALL** of the following:
 - Persistent lumbar pain with alteration in ADLs; ^{1, 2, 3,6-9}
 - Weakness, numbness or tingling and/or decreased motor skills; ^{3,6-9}
 - Previous epidural and/or facet injections to the spinal region in question;^{3, 10}
 - At least twelve (12) weeks of supervised physical therapy; ^{2, 3, 7-8, 10}
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications. ^{2, 3, 7, 10}
 - For BMI greater than or equal to forty (40) patient must have made an attempt to lose weight without alleviation of symptoms ^{4,5}.
 - Hyperreflexia (Hoffman's sign); and **ALL** of the following:
 - Persistent lumbar pain with alteration in ADLs;^{1-3,6-9}
 - Weakness, numbness or tingling and/or decreased motor skills; ^{3,6-9}
 - Previous epidural and/or facet injections to the spinal region in question; ^{3, 10}

- At least twelve (12) weeks of supervised physical therapy; {2, 3, 7-8, 10}
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications. {2, 3, 7, 10}
 - For BMI greater than or equal to forty (40) patient must have attempted to lose weight without alleviation of symptoms {4, 5}.
- Lumbar laminectomy may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates a tethered spinal cord and **ALL** of the following: {11, 12}
- Urinary dysfunction, back pain, shooting pain which extends down the legs, weakness or numbness of bilateral legs, tremor or spasm of the legs;
 - Progression of symptoms;
 - MRI or CT myelogram of the lumbosacral spine demonstrates a tethered spinal cord.

Lumbar Cordotomy

Additionally the use of lumbar spine laminectomy with cordotomy may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates any incurable condition affecting the cervical spine, which has not responded to medication or intrathecal therapy. {13}

The procedure codes that are associated with this policy are listed below.

Lumbar Spine	CODES:
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	63005
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	63011
Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	63012
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	63017
Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	63030
Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	63042
Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	63047
Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	63056
Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	63087
Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	63090
Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	63102
Laminectomy with rhizotomy; 1 or 2 segments	63185
Laminectomy with rhizotomy; more than 2 segments	63190
Laminectomy with section of spinal accessory nerve	63191
Laminectomy, with release of tethered spinal cord, lumbar	63200

Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	63303
Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	63307
Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar	0275T

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Thoracic Spine

- The use of thoracic spine decompression surgery may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates **ANY** of the following:
 - CT or MRI of the thoracic spine which demonstrates infection or tumor of the thoracic spine or epidural hematoma/s; {2,4}
 - CT or MRI of the thoracic spine which demonstrates spinal fracture, dislocation, locked facets or displaced fracture fragments; {2,4}
 - CT or MRI of the thoracic spine which demonstrates moderate to severe foraminal stenosis and/or thoracic disc herniation; and **ANY** of the following:
 - {1-2,4}
 - Myelopathy or progressing radiculopathy with weakness; {1,2,3,4}
 - Hyperreflexia (Hoffman's sign); and **ALL** of the following:
 - Persistent thoracic pain with alteration in ADLs; {1,2,4,5}
 - Weakness, numbness or tingling and/or decreased motor skills; {1,2,3,4,6}
 - Previous epidural and/or facet injections to the spinal region in question; {5}
 - At least twelve (12) weeks of supervised physical therapy; {5,6}
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications. {5,6}
 - Radiculopathy; and **ALL** of the following: {1,2,4,6}
 - Persistent thoracic pain with alteration in ADLs; {1,2,3,4}
 - Weakness, numbness or tingling and/or decreased motor skills; {1,2,3,4,6}
 - Previous epidural and/or facet injections to the spinal region in question; {5,6}

- At least twelve (12) weeks of supervised physical therapy;^(5,6)
- At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications. ^(5,6)

Thoracic Cordotomy

Additionally the use of thoracic spine laminectomy with cordotomy may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates any incurable condition affecting the cervical spine, which has not responded to medication or intrathecal therapy. ⁽⁷⁾

The procedure codes that are associated with this policy are listed below.

Thoracic Spine	CODES:
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	63003
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	63016
Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	63046
Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	63055
Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	63064
Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, single interspace	63077
Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	63085
Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	63087
Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	63101
Laminectomy with rhizotomy; 1 or 2 segments	63185
Laminectomy with rhizotomy; more than 2 segments	63190
Laminectomy with section of spinal accessory nerve	63191
Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic	63195
Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic	63197
Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic	63199
Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	63251
Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	63252
Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	63301

Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	63302
Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	63305
Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	63306

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Spinal Fusion/Stabilization Surgery

The use of spinal fusion/stabilization surgery may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates the following:

Cervical Spine

- The use of cervical spine fusion/stabilization surgery may be appropriate and supported by evidence to improve outcomes for patients 18 years of age or older, when the patient's medical record demonstrates **ANY** of the following: (1-7)
 - o CT, MRI or flexion extension x-ray which demonstrates subluxation at C1 level of the atlantodento interval of more than 3mm in an adult;
 - o CT or MRI of the cervical spine which demonstrates spinal fracture, dislocation, locked facets or displaced fracture fragments;
 - o CT or MRI of the cervical spine which demonstrates infection or tumor of the cervical spine or epidural hematoma/s;
 - o Persistent neck or arm pain with alteration in ADLs and weakness, numbness or tingling and/or decreased motor skills; and **EITHER** of the following:
 - Previous epidural and/or facet injections to the spinal region in question, at least twelve (12) weeks of supervised physical therapy and at least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications;
 - CT or MRI demonstrates pseudo arthrosis with instability or deformity of the cervical spine.

The procedure codes that are associated with this policy are listed below.

Cervical Spine	CODES:
Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	22210
Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	22220
Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	22510
Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	22548
Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	22551
Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	22554
Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	22586
Arthrodesis, posterior technique, craniocervical (occiput-C2)	22590
Arthrodesis, posterior technique, atlas-axis (C1-C2)	22595
Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	22600
Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	22800
Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	22802
Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	22804
Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	22808
Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	22810
Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	22812
Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	22818
Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	22819
Reinsertion of spinal fixation device	22849
Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	22850
Removal of posterior segmental instrumentation	22852
Removal of anterior instrumentation	22855
Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	22856
Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	22861

Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	22864
Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	22865

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Lumbar Spine

- The use of lumbar spine fusion/stabilization surgery may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates **ANY** of the following: ⁽¹⁾⁽³⁾⁽⁶⁾⁽⁷⁾
 - Positive discography with negative control and CT; ⁽⁴⁾⁽⁵⁾
 - Iatrogenic or degenerative flat back syndrome; ⁽¹³⁾⁽¹⁴⁾
 - CT or MRI of the lumbar spine which demonstrates spinal fracture, dislocation, locked facets or displaced fracture fragments; ⁽¹⁵⁾
 - CT or MRI of the lumbar spine which demonstrates infection or tumor of the lumbar spine or epidural hematoma/s; ⁽¹⁵⁾⁽¹⁶⁾⁽²⁰⁾⁽²¹⁾
 - Full standing spine image indicates lumbar kyphosis with deformity of greater than 40 degrees and spinal cord compression and at least twelve (12) weeks of treatment with supervised physical therapy without relief; ⁽¹⁷⁾
 - Full standing spine image indicates severe lumbar scoliosis with curvature of greater than 40 degrees and at least twelve (12) weeks of treatment with supervised physical therapy without relief and patient has been unresponsive to lumbar bracing; ⁽¹⁸⁾⁽¹⁹⁾
 - Persistent lumbar pain with alteration in ADLs and weakness, numbness or tingling and/or decreased motor skills; and **EITHER** of the following: ⁽²⁾
 - CT or MRI of the lumbar spine which demonstrates a moderate to severe degree of foraminal stenosis and correlates with symptoms or positive response of symptoms with pain management; and **ALL** of the following; ⁽⁹⁾⁽¹¹⁾
 - Previous epidural and/or facet injections to the spinal region in question; ⁽²⁾⁽⁹⁾⁽¹¹⁾⁽¹²⁾
 - At least twelve (12) weeks of supervised physical therapy; ⁽²⁾⁽⁸⁾⁽⁹⁾⁽¹⁰⁾⁽¹¹⁾

- At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications. (9)(11)
- CT of MRI demonstrates pseudo arthrosis with instability or deformity of the lumbar spine. (22)(23)

The procedure codes that are associated with this policy are listed below.

Lumbar Spine	CODES:
Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	22207
Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	22214
Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	22224
Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	22511
Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	22514
Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22533
Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22558
Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	22612
Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	22630
Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	22633
Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	22800
Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	22802
Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	22804
Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	22808
Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	22810
Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	22812
Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	22818
Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	22819
Reinsertion of spinal fixation device	22849
Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	22850
Removal of posterior segmental instrumentation	22852
Removal of anterior instrumentation	22855

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Thoracic Spine

- The use of thoracic spine fusion/stabilization surgery may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates **ANY** of the following:
 - CT or MRI of the thoracic spine demonstrates significant spondylolisthesis of grade II or higher with progressive deformity and/or neurological compromise;
 - CT or MRI of the thoracic spine which demonstrates infection or tumor of the thoracic spine or epidural hematoma/s;
 - CT or MRI of the thoracic spine which demonstrates spinal fracture, dislocation, locked facets or displaced fracture fragments;
 - Full standing spine image indicates severe thoracic scoliosis with curvature of greater than 40 degrees and at least twelve (12) weeks of treatment with supervised physical therapy without relief and patient has been unresponsive to thoracic bracing;
 - Full standing spine image indicates thoracic kyphosis with deformity of greater than 60 degrees and spinal cord compression and at least twelve (12) weeks of treatment with supervised physical therapy without relief and patient has been unresponsive to thoracic bracing;
 - CT or MRI demonstrates pseudo arthrosis with instability or deformity of the thoracic spine with persistent thoracic pain with alteration in ADLs and weakness, numbness or tingling and/or decreased motor skills;
 - Persistent thoracic pain with alteration in ADLs and weakness, numbness or tingling and/or decreased motor skills; and **ALL** of the following:
 - Previous epidural and/or facet injections to the spinal region in question;
 - At least twelve (12) weeks of supervised physical therapy;
 - At least twelve (12) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications.

- The use of thoracic kyphoplasty or vertebroplasty may be appropriate and supported by evidence to improve outcomes for patients when the patient's medical record demonstrates the following:
 - o Persistent thoracic pain and/or deformity; and **EITHER** of the following: ⁽¹⁾
 - Treatment plan consists of treatment to 2 or less vertebrae; and **ANY** of the following:
 - Hemangiomas in the thoracic spine and radiation therapy not effective at relieving pain; ^(2, 10)
 - History of metastatic disease to the spine or myeloma and neither radiation therapy nor chemotherapy has been effective in relieving pain; ^(1, 10)
 - CT or MRI confirm osteoporotic or pathologic fracture; and **BOTH** of the following: ^(3,4,5,6,7,8,9)
 - ◆ Patient has had a trial of bracing for at least eight (8) weeks; ^(3,4,5,7,9)
 - ◆ At least eight (8) weeks of analgesic or anti-inflammatory medications or patient has a documented contraindication to analgesic or anti-inflammatory medications. ^(3,4,5,6,7)

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The procedure codes that are associated with this policy are listed below.

Thoracic Spine	CODES:
Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	22206
Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	22212
Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	22222
Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	22513
Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	22532
Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	22556
Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	22610
Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	22800
Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	22802
Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	22804
Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	22808
Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	22810
Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	22812
Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	22818
Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	22819
Reinsertion of spinal fixation device	22849
Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	22850
Removal of posterior segmental instrumentation	22852
Removal of anterior instrumentation	22855

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