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Shoulder Procedures

Musculoskeletal Procedures

MSK-SHOULDER-HH

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Effective Date: 08/06/2026
Last Review Date: 10/24/2025
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Table of Contents

Joint Surgery Overview 4
BlueCross and BlueShield of South Carolina 5
Internal Use Only 5
2025 Shoulder Arthroplasty 5
Clinical Judgment 5
Shoulder Arthroplasty Contraindications 6
Reverse Total Shoulder Arthroplasty (RTSA) Guideline 6
Revision Shoulder Arthroplasty Guideline 8
Shoulder Hemiarthroplasty (Partial Shoulder or Resurfacing Arthroplasty) Guideline 9
Total Shoulder Arthroplasty (TSA) or Resurfacing Guideline 10
Procedure Codes 12
Shoulder Arthroplasty Summary of Changes 12
2025 Shoulder Arthroscopy 12
Clinical Judgment 13
Shoulder Capsulorrhaphy 13
Diagnostic Shoulder Arthroscopy Guideline 14
Shoulder Foreign or Loose Body Removal Guideline 15
Shoulder Manipulation Under Anesthesia (MUA) guideline 16
Shoulder Lysis of Adhesions and Capsulotomy/Capsular Release Guideline 16
Anterior-Inferior Labral Tear (Bankhart) Repair Guideline 17
Posterior Labral Tear Repair Guideline 18
Superior Labral Anterior-Posterior (SLAP) Tear Repair Guideline 19
Rotator Cuff Repair (RCR) Contraindications 20
Rotator Cuff Repair (RCR) Guideline 21
Revision to a Rotator Cuff Repair Guideline 22
Partial Claviculectomy, Acromioplasty or Distal Clavicle Excision (DCE) Guideline 22
Subacromial Decompression (SAD) Guideline 23
Shoulder Synovectomy Guideline 24
Tenotomy and/or Tenodesis, Long Head Biceps (LHB) Guideline 25
Shoulder Arthroscopy Procedure Codes 27
Rotator Cuff Repair Procedure Codes 27
Shoulder Arthroscopy Summary of Changes 27
Medically Appropriate Shoulder Procedures 28
2024 Shoulder Surgery Associated Bundled Procedure Codes 30
Shoulder Surgery Definition Section 30
Shoulder Surgery References 37

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Disclaimer section 43
Purpose 43
Clinician Review 44
Payment 44
Registered Trademarks (®/™) and Copyright (©) 44
National and Local Coverage Determination (NCD and LCD) 44
Background 44
Medical Necessity Codes 45

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Joint Surgery Overview

Total joint replacement (TJR) surgery is a common procedure to relieve pain and improve function in patients with severe joint damage. However, certain risk factors can increase the likelihood of complications and affect the overall outcome of the surgery. These risk factors include smoking, diabetes, high blood sugar and obesity.

Smoking is a significant risk factor for TJR. Nicotine and other chemicals in cigarettes can impair blood flow, reduce bone density and slow down the healing process. Smokers are more likely to experience complications such as infections, implant loosening and prolonged recovery times. Quitting smoking before surgery can improve outcomes and reduce the risk of complications.

The **American Academy of Orthopaedic Surgeons (AAOS)** recommends testing patients for evidence of smoking on the day of surgery using a **nicotine blood test** (i.e., cotinine test). Cotinine, a metabolite of nicotine, can remain present in the blood for up to 10 days after nicotine usage. The AAOS also suggests utilizing a **Smoking Cessation Checklist** to document whether the patient is a current smoker or former smoker. They recommend patients quit smoking at least 6 weeks prior to elective surgical procedures and at least 6 weeks following the surgery. Providing patients with resources such as the **Quit Smoking Before Your Operation** guide can help them develop an action plan to quit.

Diabetes and **high blood sugar** levels also pose risks for TJR. Poorly controlled diabetes can lead to higher rates of postoperative infections, wound healing problems and joint loosening. Maintaining good glycemic control before and after surgery is crucial to minimize these risks. Studies have shown that patients with well-controlled diabetes have better surgical outcomes compared to those with uncontrolled diabetes.

Obesity is another important risk factor. Excess body weight puts additional stress on the joints, which can lead to complications during and after surgery. Obesity is associated with a higher risk of infection, implant failure, and longer hospital stays. Weight loss especially with those individuals with a Body Mass Index (BMI) of greater than 40 before surgery can help reduce these risks and improve the overall success of the procedure.

In summary, smoking, diabetes, high blood sugar and obesity are key risk factors that can impact the outcomes of total joint replacement surgery. Addressing these factors through lifestyle changes, medical management, and preoperative optimization can help improve surgical outcomes and reduce the risk of complications.

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BlueCross and BlueShield of South Carolina

IMPORTANT
To locate the appropriate updated Clinical Policies for BlueCross and BlueShield of South Carolina, please go to: https://www.southcarolinablues.com/web/public/brands/sc/providers/policies-and-authorizations/medical-policies/

TIP
A National Coverage Determination (NCD) or Local Coverage Determination (LCD) may be necessary to review for Medicare participants. Please go to: https://www.cms.gov/medicare-coverage-database/search.aspx for the latest coverage determination information.

Internal Use Only

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2025 Shoulder Arthroplasty

Musculoskeletal Procedures

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Clinical Judgment

These medical policies are designed to provide clinical guidance and do not supplant a provider's independent professional judgment. Physicians retain full and independent authority to determine appropriate care based on each patient's individual clinical circumstances. Although services may be subject to documentation requirements, medical necessity review, or coverage limitations, nothing in this policy is intended to restrict or interfere with a physician's independent medical judgment.

Shoulder Arthroplasty Contraindications

A shoulder arthroplasty procedure is contraindicated when the documentation demonstrates **ANY** of the following:

1. Allergy to medical treatment material
2. Clinically **NOT** stable, comorbidities **NOT** managed
3. Corticosteroid injection in the operative joint *within the 12 weeks before surgery*.
4. Dental hygiene is poor (major dental work should be done prior to arthroplasty).
5. Diabetes (HbA1C greater than 8%) is **NOT** controlled.
6. Hypertension is **NOT** controlled.
7. Infection, systemic or local, is active, in treatment or is ongoing.
8. Neurological condition results in **ANY** of the following:
    a. Charcot arthropathy
    b. Chronic regional pain syndrome (CPRS) or a variant of CPRS.
    c. Deltoid **OR** rotator cuff with loss of function.
9. Nicotine/tobacco use within 6 weeks of surgery (nicotine/tobacco products include cigar, cigarette, e-cigarettes, nicotine pouch, smokeless tobacco or vape pen).
10. Non-managed drug dependency
11. Shoulder arthroscopy on affected side *within 12 weeks preceding* arthroplasty.

References: [83] [71] [20]

Reverse Total Shoulder Arthroplasty (RTSA) Guideline

A reverse total shoulder arthroplasty (RTSA) is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. **NO** Corticosteroid injection in the operative joint *within the 12 weeks before surgery*.
2. **NO** nicotine/tobacco use within 6 weeks of surgery (nicotine/tobacco products include cigar, cigarette, e-cigarettes, nicotine pouch, smokeless tobacco or vape pen).
3. Clinically stable and comorbidities are managed (eg, absent infection, hypertension controlled) **AND** *if diabetic* a HbA_1c of 8% or less; **AND** *if drug dependency* individual is undergoing managed treatment.
4. Shoulder functional impairment (from normal) affecting activities of daily living (ADLs) or independent activities of daily living (IADLs).

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5. Clinical condition includes **ANY** of the following:
    a. Fracture: acute 2, 3, or 4-part fractures of proximal humerus with or **WITHOUT** concomitant tuberosity demonstrated on X-ray **OR** painful malunion of proximal humerus fracture with rotator cuff dysfunction (eg, weakness, impingement).
    b. Osteoarthritis with **ALL** of the following:
        i. Arthritis is **ANY** of the following:
            A. Advanced osteoarthritis (Tönnis grade 2 or 3)
            B. Inflammatory arthropathy
            C. Post-traumatic arthritis
            D. Rheumatoid arthritis
        ii. Bone stock can handle fixation
        iii. Conservative therapy attempted including **ALL** of the following:
            A. Physical therapy (PT) program is supervised by a licensed physical therapist or chiropractor for *at least 6 weeks in the past 6 months* with **NO** improvement in symptoms or functional ability[1]. (***NOTE**: *If PT notes demonstrate improvement in pain or functional ability, additional conservative therapy (non-surgical) is required, with a reevaluation of pain and functional status prior to considering surgical intervention.*)
            B. Treatment includes **ANY** of the following:
                I. Activity modification with protective weight-bearing **OR** use of a brace/orthotic.
                II. Corticosteroid injection, intra-articular
                III. Medication pain management (eg, NSAIDs, analgesics)
        iv. Deltoid is intact.
        v. Pain and range-of-motion (ROM) is limited with an inability to flex the upper extremity to 90 degrees unassisted.
        vi. Rotator cuff is irreparable with massive substantial partial tear **OR** full-thickness tear with significant rotator cuff dysfunction (eg, impingement signs, weakness).

[1]A home exercise program that is self-managed or is **NOT** supervised by PT or a chiropractor is insufficient to meet this indication.

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vii. X-rays demonstrate bone-on-bone articulation, severe joint space narrowing (complete or near-complete) and/or bone deformity.

c. Rotator cuff repair **FAILURE** history with severe pain.

d. Rotator cuff tear is massive, irreparable with an intact deltoid **AND** there is inability to elevate the arm above the shoulder-level (90 degrees) (eg, pseudo-paralysis).

e. Total shoulder arthroplasty (TSA) **FAILURE AND** irreparable rotator cuff

f. Tumor resection history

References: [38] [9]

Revision Shoulder Arthroplasty Guideline

A revision of a prior shoulder arthroplasty is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. **NO** Corticosteroid injection in the operative joint *within the 12 weeks before surgery*.
2. **NO** nicotine/tobacco use within 6 weeks of surgery (nicotine/tobacco products include cigar, cigarette, e-cigarettes, nicotine pouch, smokeless tobacco or vape pen).
3. Clinically stable and comorbidities are managed (eg, absent infection, hypertension controlled) **AND** *if diabetic* a HbA_1c of 8% or less.
4. Shoulder functional impairment (from normal) affecting activities of daily living (ADLs) or independent activities of daily living (IADLs).
5. **ABSENT** evidence of active, ongoing or undertreated joint infection.
6. Prosthesis removal due to **FAILURE** or infection.
7. Clinical findings include **ANY** of the following:
    a. Dislocation, instability or subluxation is recurrent.
    b. Infection or fracture peri-prosthetic procedure
    c. Loosening, aseptic
    d. Osteolysis
    e. Prosthetic device component failure, instability or recall
    f. Synovitis is symptomatic from known cause (eg, metalosis).

References: [83] [57]

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Shoulder Hemiarthroplasty (Partial Shoulder or Resurfacing Arthroplasty) Guideline

A hemiarthroplasty is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. **NO** Corticosteroid injection in the operative joint *within the 12 weeks before surgery*.
2. **NO** nicotine/tobacco use within 6 weeks of surgery (nicotine/tobacco products include cigar, cigarette, e-cigarettes, nicotine pouch, smokeless tobacco or vape pen).
3. Clinically stable and comorbidities are managed (eg, absent infection, hypertension controlled) **AND** *if diabetic* a HbA_1c of 8% or less; **AND** *if drug dependency* individual is undergoing managed treatment.
4. Shoulder functional impairment (from normal) affecting activities of daily living (ADLs) or independent activities of daily living (IADLs).
5. Clinical condition includes **ANY** of the following situations:
    a. Avascular necrosis is symptomatic with associated functional loss.
    b. Fracture, acute, of the proximal humerus that is 3 or 4 parts.
    c. Osteoarthritis with **ALL** of the following:
        i. Arthritis is **ANY** of the following:
            A. Advanced osteoarthritis (Tönnis grade 2 or 3) of the humeral head (**NOT** glenoid)
            B. Inflammatory arthropathy
            C. Post-traumatic arthritis
            D. Rheumatoid arthritis
        ii. Bone stock can handle fixation
        iii. Conservative therapy attempted including **ALL** of the following:
            A. Physical therapy (PT) program is supervised by a licensed physical therapist or chiropractor for *at least 6 weeks in the past 6 months* with **NO** improvement in symptoms or functional ability[2]. (***NOTE**: *If PT notes demonstrate improvement in pain or functional ability, additional conservative therapy (non-surgical) is required, with a*

[2]A home exercise program that is self-managed or is **NOT** supervised by PT or a chiropractor is insufficient to meet this indication.

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reevaluation of pain and functional status prior to considering surgical intervention.)

B. Treatment includes **ANY** of the following:

I. Corticosteroid injection, intraarticular, subacromial or bicipital groove

II. Medication pain management (eg, NSAIDs, analgesics)

iv. Deltoid is intact.

v. Pain and range-of-motion (ROM) is limited with an inability to flex the upper extremity to 90 degrees unassisted.

vi. Rotator cuff is irreparable with massive substantial partial tear **OR** full-thickness tear with significant rotator cuff dysfunction (eg, impingement signs, weakness).

vii. X-rays demonstrate bone-on-bone articulation, severe joint space narrowing (complete or near-complete) and/or bone deformity.

References: [83] [28]

Total Shoulder Arthroplasty (TSA) or Resurfacing Guideline

A total shoulder arthroplasty is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. Shoulder functional impairment (from normal) affecting activities of daily living (ADLs) or independent activities of daily living (IADLs).
2. Clinical condition includes **ANY** of the following:
    a. Avascular necrosis is symptomatic with associated functional loss.
    b. Cancer, primary or metastatic, involving the glenohumeral joint or adjacent soft tissues.
    c. Fracture, malunion/non-union, of the Humeral head or comminuted fracture of the proximal humerus.
    d. Osteoarthritis with **ALL** of the following:
        i. Arthritis is **ANY** of the following:
            A. Advanced osteoarthritis (Tönnis grade 2 or 3)
            B. Glenohumeral arthritis
            C. Inflammatory arthropathy

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D. Post-traumatic arthritis

E. Rheumatoid arthritis

ii. Bone stock can handle fixation

iii. Cuff tear arthropathy

iv. Massive irreparable rotator cuff tears

v. Conservative therapy attempted including **ALL** of the following:

A. Physical therapy (PT) program that is supervised by a licensed physical therapist or chiropractor for *at least 3 months in the past 6 months* with **NO** improvement in symptoms or functional ability.[3] *__NOTE__: *If PT notes demonstrate improvement in pain or functional ability, additional conservative therapy (non-surgical) is required, with a reevaluation of pain and functional status prior to considering surgical intervention.*

B. Treatment includes **ANY** of the following:

I. Corticosteroid injection, intraarticular

II. Medication pain management (eg, NSAIDs, analgesics)

vi. Deltoid is intact.

vii. Pain and range-of-motion (ROM) is limited with an inability to flex the upper extremity to 90 degrees unassisted.

viii. X-rays demonstrate bone-on-bone articulation, severe joint space narrowing (complete or near-complete) and/or bone deformity.

e. Osteotomy with functional loss to range of motion (ROM).

References: [83] [71]

[3]A home exercise program that is self-managed or is **NOT** supervised by PT or a chiropractor is insufficient to meet this indication.

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Procedure Codes

Table 1. Shoulder Arthroplasty and Open Surgery Associated Procedure Codes

CODE	DESCRIPTION
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder).
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component

Shoulder Arthroplasty Summary of Changes

Shoulder Arthroplasty guideline from 2024 to 2025 had the following changes:

Table 1. 2025 Shoulder Arthroplasty Summary of Changes

Date	Type of Change	Summary
5/08/2025	Annual Review	• Added in the Shoulder Arthroplasty Contraindication examples of nicotine/tobacco products for clarity. • Added to Total Shoulder Arthroplasty Guideline: Glenohumeral Arthritis, cuff tear arthropathy, massive irreparable rotator cuff tears to osteoarthritis indication, as per evidence from AAOS. • Added Joint Surgery Overview to guideline • Total Shoulder Arthroplasty (TSA) Changes: ▪ Removed: NO glenohumeral osteoarthritis OR irreparable rotator cuff base as per EBM • Citations updated per the evidence

2025 Shoulder Arthroscopy

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Shoulder Capsulorrhaphy

Shoulder capsulorrhaphy is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. **NO** evidence of significant arthritis (Kellgren-Lawrence grade 2 or higher).
2. **NO** nicotine/tobacco use within 6 weeks of surgery (nicotine/tobacco products include cigar, cigarette, e-cigarette, nicotine pouch, smokeless tobacco or vape pen)
3. **NO** fracture or soft tissue injury on X-ray **AND** MRI.
4. Physical therapy (PT) included activity modification in treatment plan.
5. Clinically stable and comorbidities are managed (eg, absent infection, hypertension controlled) **AND** *if diabetic* a HbA_1c of 8% or less.
6. Physical therapy (PT) was clinically managed (ie, qualified licensed clinician performs assessments, creates care plan and monitors outcomes) for *at least 3 months in the past 6 months* with **NO** improvement in symptoms or functional ability. *If PT notes demonstrate improvement in pain or functional ability, additional non-surgical conservative therapy is required with a reevaluation of pain and functional status prior to surgical intervention.*[4]
7. Physical exam demonstrates loss of motion of at least 50% in 2 planes, as compared to the contralateral shoulder.
8. Shoulder functional impairment (from normal) and pain affecting activities of daily living (ADLs).
9. Brachial plexus birth palsy (BPBP) and **ALL** of the following:
    a. Symptoms includes **ANY TWO** or more of the following:
        i. Abnormal arm position
        ii. Arm weakness or paralysis

[4]A home exercise program that is self-managed or that does not provide sufficient clinical oversight is not considered adequate enough to meet this indication.

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iii. Muscle atrophy

iv. Sensory changes

b. Imaging for presurgical evaluation includes **ALL** of the following:

i. MRI (3 to 6 months of age)

ii. MR myelography (3 to 6 months of age)

c. Treatment includes **ALL** of the following:

i. Conservative therapy attempted including **ALL** of the following:

A. Brace or orthotic use

B. Physical therapy (PT) program that is supervised by a licensed physical therapist or chiropractor for at least 6 weeks in the past 6 months with **NO** improvement in symptoms or functional ability5. (*__NOTE__: *If PT notes demonstrate improvement in pain or functional ability, additional conservative therapy (non-surgical) is required, with a reevaluation of pain and functional status prior to considering surgical intervention*.)

ii. Surgical Management attempted including **ANY** of the following:

A. Microsurgical nerve procedures (for infants under 12 months)

B. Orthopedic/reconstructive procedures (for children older than 12 months)

References: [69] [15] [2] [40] [66]

Diagnostic Shoulder Arthroscopy Guideline

A diagnostic shoulder arthroscopy is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. **NO** other known conditions with similar presentation, including **ANY** of the following:
   a. Arthritis
   b. Brachial plexus disorders
   c. Fracture
   d. Neck pain, referred
   e. Thoracic outlet syndrome
2. Physical exam findings demonstrate abnormality compared to unaffected side with **ANY** of the following:

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a. Impingement signs (eg, top/outer-side shoulder pain, pain on lifting, weakness) are present.

b. Range-of-motion (ROM) is limited (active or passive).

c. Strength loss is measurable.

3. Shoulder functional impairment (from normal) with pain, affecting activities of daily living (ADLs) or independent activities of daily living (IADLs) *for at least 6 months*.

4. Conservative therapy attempted including **ALL** of the following:

a. Physical therapy (PT) was clinically managed (ie, qualified licensed clinician performs assessments, creates care plan and monitors outcomes) for *at least 3 months in the past 6 months* with **NO** improvement in symptoms or functional ability. *If PT notes demonstrate improvement in pain or functional ability, additional non-surgical conservative therapy is required with a reevaluation of pain and functional status prior to surgical intervention.*[5]

b. Treatment includes **ANY** of the following:

i. Corticosteroid injection, bicipital groove, intraarticular or subacromial

ii. Medication pain management (eg, NSAIDs, analgesics)

5. X-ray and MRI are **BOTH** are indeterminate for internal derangement/pathology.

References: [44] [45]

Shoulder Foreign or Loose Body Removal Guideline

Removal of a foreign or loose body in the shoulder joint is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. **NO** evidence of significant arthritis (Kellgren-Lawrence grade 2 or higher).

2. **NO** nicotine/tobacco use within 6 weeks of surgery (nicotine/tobacco products include cigar, cigarette, e-cigarette, nicotine pouch, smokeless tobacco or vape pen)

3. **NO** other known conditions with similar presentation, including **ANY** of the following:

a. Arthritis

b. Brachial plexus disorders

c. Fracture

d. Neck pain, referred

[5]A home exercise program that is self-managed or that does not provide sufficient clinical oversight is not considered adequate enough to meet this indication.

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e. Thoracic outlet syndrome

4. Clinically stable and comorbidities are managed (eg, absent infection, hypertension controlled) **AND** *if diabetic* a HbA_1c of 8% or less.
5. CT or MRI demonstrates a loose body in the shoulder joint.
6. **FAILURE** of provider-directed, non-surgical management for *at least 3 months* in duration, **EXCEPT**, *if the loose or foreign body has caused an acute restriction or severe symptomatology of shoulder joint range of motion (ie, locking).*
7. Shoulder functional impairment (from normal) due to pain and mechanical signs (eg, clicking, popping) affecting activities of daily living (ADLs).

References: [62] [22] [52]

Shoulder Manipulation Under Anesthesia (MUA) guideline

All requests for shoulder manipulation under anesthesia will be reviewed on a case by case basis.

Shoulder Lysis of Adhesions and Capsulotomy/Capsular Release Guideline

Shoulder lysis of adhesions and/or capsulotomy release is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. **NO** evidence of significant arthritis (Kellgren-Lawrence grade 2 or higher).
2. **NO** nicotine/tobacco use within 6 weeks of surgery (nicotine/tobacco products include cigar, cigarette, e-cigarette, nicotine pouch, smokeless tobacco or vape pen)
3. Clinically stable and comorbidities are managed (eg, absent infection, hypertension controlled) **AND** *if diabetic* a HbA_1c of 8% or less.
4. Adhesive capsulitis/arthrofibrosis is chronic and refractory, from disease, injury or surgery.
5. Physical therapy (PT) was clinically managed (ie, qualified licensed clinician performs assessments, creates care plan and monitors outcomes) for *at least 3 months in the past 6 months* with **NO** improvement in symptoms or functional ability. *If PT notes demonstrate improvement in pain or functional ability, additional non-surgical conservative therapy is required with a reevaluation of pain and functional status prior to surgical intervention.*[6]
6. Physical exam supports repeatable increased glenohumeral joint translation in **ALL** of the following:

[6]A home exercise program that is self-managed or that does not provide sufficient clinical oversight is not considered adequate enough to meet this indication.

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a. Sulcus test: greater than 1 cm of movement.

b. Gagey/hyperabduction: test end range greater than 105 degree abduction.

c. Beighton score: screening for hyperlaxity score greater than 4.

7. Shoulder functional impairment (from normal) and affecting activities of daily living (ADLs) *for at least 3months*.

8. Trauma history to shoulder **OR** post-operative contracture

References: [69] [15] [81]

Anterior-Inferior Labral Tear (Bankhart) Repair Guideline

A labral anterior-inferior tear (Bankart lesion) repair is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. **NO** evidence of significant arthritis (Kellgren-Lawrence grade 2 or higher).
2. **NO** nicotine/tobacco use within 6 weeks of surgery (nicotine/tobacco products include cigar, cigarette, e-cigarette, nicotine pouch, smokeless tobacco or vape pen)
3. Clinically stable and comorbidities are managed (eg, absent infection, hypertension controlled) **AND** *if diabetic* a HbA_1c of 8% or less.
4. Clinical condition includes **ANY** of the following:
   a. Combination tear
   b. Instability (subluxation or dislocation) events are recurrent (2 or more episodes).
   c. Pain, shoulder, acute onset following exercise or activity
5. Conservative therapy attempted *in the past 6 months* including **ALL** of the following:
   a. Physical therapy (PT) program attempted for at least 6 weeks in the past 6 months that was clinically managed (ie, qualified licensed clinician performed assessment, created care plan and monitored outcomes) **AND** there was **NO** significant improvement in symptoms or functional ability.*__NOTE__: *If PT notes demonstrate improvement in pain or functional ability, additional non-surgical conservative therapy is required with a reevaluation of pain and functional status prior to surgical intervention.*[7]
   b. Treatment includes **ANY** of the following:
      i. Corticosteroid injection, intraarticular, subacromial or bicipital groove

[7]A home exercise program that is self-managed or that does not provide sufficient clinical oversight is not considered adequate enough to meet this indication.

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ii. Medication pain management (eg, NSAIDs, analgesics)

6. MRI or CT demonstrates anterior-inferior labral tear or bony Bankart.
7. Physical exam demonstrates **ALL** of the following:
    a. **NO** joint stiffness
    b. Instability
    c. Range-of-motion (ROM) is abnormal or decreased.
    d. Positive results on **ANY** of the following tests:
        i. Apprehension test
        ii. Labral grind test
        iii. Objective laxity with pain.
        iv. Relocation test

References: [54] [70]

Posterior Labral Tear Repair Guideline

A posterior labral tear repair is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. **NO** X-ray or MRI (axial) demonstrating significant degenerative disease (eg, posterior glenoid cartilage loss, subchondral glenoid cysts, mucoid degeneration of labrum, narrowing of joint space with posterior humeral head subluxation).
2. **NO** nicotine/tobacco use within 6 weeks of surgery (nicotine/tobacco products include cigar, cigarette, e-cigarette, nicotine pouch, smokeless tobacco or vape pen)
3. Clinically stable and comorbidities are managed (eg, absent infection, hypertension controlled) **AND** *if diabetic* a HbA_1c of 8% or less.
4. Conservative therapy attempted *in the past 6 months* including **ALL** of the following:
    a. Physical therapy (PT) program *attempted for at least 6 weeks in the past 6 months* that was clinically managed (ie, qualified licensed clinician performed assessment, created care plan and monitored outcomes) **AND** there was **NO** significant improvement in symptoms or functional ability.*__NOTE__: *If PT notes demonstrate improvement in pain or functional ability, additional non-surgical conservative therapy is required with a reevaluation of pain and functional status prior to surgical intervention.*[8]
    b. Treatment includes **ANY** of the following:

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i. Corticosteroid injection, intraarticular, subacromial or bicipital groove

ii. Medication pain management (eg, NSAIDs, analgesics)

5. MRI demonstrates posterior labral tear.
6. Positive results of **ANY** of the following tests:
   a. Drawer test
   b. Load and shift test
   c. Jerk test
   d. Kim test
7. Symptoms include **ANY** of the following tests:
   a. Instability
   b. Mechanical symptoms (eg, catching, popping) with pain
   c. Pain

References: [32] [72] [70] [81]

Superior Labral Anterior-Posterior (SLAP) Tear Repair Guideline

Superior labral anterior-posterior (SLAP) tear repair is considered medically appropriate when the documentation demonstrates **ALL** of the following: ***NOTE**: *Debridement is not a labral repair. SLAP debridement (limited, extensive debridement), biceps tenotomy or tenodesis may be alternatives.*

1. **NO** evidence of significant arthritis (Kellgren-Lawrence grade 2 or higher).
2. **NO** nicotine/tobacco use within 6 weeks of surgery (nicotine/tobacco products include cigar, cigarette, e-cigarette, nicotine pouch, smokeless tobacco or vape pen)
3. Clinically stable and comorbidities are managed (eg, absent infection, hypertension controlled) **AND** *if diabetic* a HbA_1c of 8% or less.
4. Injury associated with a SLAP tear (i.e. acute injury in athlete related to overhead throwing, fall, tractions/shear/lifting injury, motor vehicle accident)
5. Conservative therapy attempted *in the past 6 months* including **ALL** of the following:
   a. Physical therapy (PT) program attempted for at least 6 weeks in the past 6 months that was clinically managed (ie, qualified licensed clinician performed

[8]A home exercise program that is self-managed or that does not provide sufficient clinical oversight is not considered adequate enough to meet this indication.

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assessment, created care plan and monitored outcomes) **AND** there was **NO** significant improvement in symptoms or functional ability.***NOTE**: *If PT notes demonstrate improvement in pain or functional ability, additional non-surgical conservative therapy is required with a reevaluation of pain and functional status prior to surgical intervention.*[9]

b. Treatment includes **ANY** of the following:

i. Corticosteroid injection, intraarticular, subacromial or bicipital groove

ii. Medication pain management (eg, NSAIDs, analgesics)

6. MRI demonstrates superior labral tear **AND** type 2 or 4 SLAP tear (**NOT** type 1 or 3).
7. Physical exam is positive for **ANY** of the following tests:
   a. Anterior slide test
   b. Biceps load test (I and II)
   c. Forced shoulder abduction and elbow flexion test
   d. Jobe relocation test
   e. O'Brien (active compression) test
   f. Pain provocation test
   g. Resisted supination on external rotation test
8. Shoulder functional impairment (from normal) and pain affecting activities of daily living (ADLs) or independent activities of daily living (IADLs) for *at least 3 months*.

References: [32] [1] [43]

Rotator Cuff Repair (RCR) Contraindications

Rotator cuff repair (RCR) is contraindicated for **ANY** of the following:

- Advanced or severe arthritis (eg, severe narrowing of glenohumeral space or bone-on-bone articulation, large osteophytes, subchondral sclerosis or cysts)
- Asymptomatic full-thickness rotator cuff tear
- Corticosteroid injection in the operative joint *within the 12 weeks before surgery*.
- Deltoid or rotator cuff paralysis
- Infection, systemic or local, is active, in treatment or is ongoing.

[9]A home exercise program that is self-managed or that does not provide sufficient clinical oversight is not considered adequate enough to meet this indication.

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References: [87] [46]

Rotator Cuff Repair (RCR) Guideline

An arthroscopic rotator cuff repair (RCR) is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. **NO** Corticosteroid injection in the operative joint *within the 12 weeks before surgery*.
2. **NO** evidence of significant arthritis (Kellgren-Lawrence grade 2 or higher).
3. **NO** nicotine/tobacco use within 6 weeks of surgery (nicotine/tobacco products include cigar, cigarette, e-cigarette, nicotine pouch, smokeless tobacco or vape pen)
4. Clinically stable and comorbidities are managed (eg, absent infection, hypertension controlled) **AND** *if diabetic* a HbA_1c of 8% or less.
5. Clinical condition includes **ANY** of the following:
    a. Tear is **EITHER** of the following:
        i. Full-thickness tear with size increase of 50% or more demonstrated on serial imaging performed *at least 3 months* apart.
        ii. X-ray demonstrates **NO** glenohumeral arthritis with a trauma-related, symptomatic rotator cuff tear.
    b. Shoulder impingement signs are present (eg, reproducible pain when arm is positioned overhead [above plane of shoulder] with relief of pain when arm is repositioned below the plane of the shoulder) and **ALL** of the following:
        i. Conservative therapy attempted *in the past 6 months* including **ALL** of the following:
            A. Physical therapy (PT) was clinically managed (ie, qualified licensed clinician performs assessments, creates care plan and monitors outcomes) with **NO** improvement in symptoms or functional ability. *If PT notes demonstrate improvement in pain or functional ability, additional non-surgical conservative therapy is required with a reevaluation of pain and functional status prior to surgical intervention.*[10]
            B. Large tears from 3 cm to 5 cm with PT attempted for *at least 12 consecutive weeks*, **ALL** other tears PT attempted for *at least 6 consecutive weeks*.

[10]A home exercise program that is self-managed or that does not provide sufficient clinical oversight is not considered adequate enough to meet this indication.

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C. Treatment includes **ANY** of the following:

I. Corticosteroid injection, intraarticular, subacromial or bicipital groove

II. Medication pain management (eg, NSAIDs, analgesics)

ii. MRI or ultrasound demonstrate **ANY** of the following:

A. Small, less than 1 cm full thickness tear

B. Medium, 1 cm to 3 cm

C. Large, 3 cm to 5 cm, full-thickness tear of 1 or more complete tendons

D. Partial thickness tear, articular-sided, concealed, or bursal-sided

iii. Pain in rotator cuff in reproducible patterns (lateral arm, deltoid pain rarely radiating past the elbow, night pain or pain with overhead motions).

iv. Shoulder functional impairment (from normal) affecting activities of daily living (ADLs) or independent activities of daily living (IADLs).

References: [2020 The Postoperative Rotator Cuff] [45] [51]

Revision to a Rotator Cuff Repair Guideline

A revision of a previously rotator cuff repair (RCR) will be reviewed on a case-by-case basis. Documentation **MUST** include:

1. Revision RCR cases *more than 1 year* after an initial repair and again **MUST MEET RCR indications** (*see* Rotator Cuff Repair (RCR) Guideline).
2. MRI or CT arthrogram demonstrating **FAILURE** of healing (Sugaya type 4 or 5) **OR** recurrent tear *more than 3 month*s after index surgery.

Partial Claviculectomy, Acromioplasty or Distal Clavicle Excision (DCE) Guideline

A partial claviculectomy, acromioplasty and/or distal clavicle excision (DCE) is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. Conservative therapy attempted including **ALL** of the following:

a. Physical therapy (PT) program attempted for at least 6 weeks in the past 6 months that was clinically managed (ie, qualified licensed clinician performed assessment, created care plan and monitored outcomes) **AND** there was **NO** significant improvement in symptoms or functional ability.*__NOTE__: *If PT notes*

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demonstrate improvement in pain or functional ability, additional non-surgical conservative therapy is required with a reevaluation of pain and functional status prior to surgical intervention.[11]

b. Treatment includes **ANY** of the following:

i. Corticosteroid injection, bicipital groove, intraarticular or subacromial

ii. Medication pain management (eg, NSAIDs, analgesics)

2. Physical exam demonstrates pain over acromioclavicular joint and positive response to cross-body adduction test.
3. Shoulder functional impairment (from normal) and pain affecting activities of daily living (ADLs) or independent activities of daily living (IADLs) for *at least 3 months*.
4. X-ray or MRI demonstrate narrowed joint space (moderate to severe degenerative acromioclavicular joint disease, distal clavicle edema, distal clavicleosteolysis)

References: [25] [42]

Subacromial Decompression (SAD) Guideline

A subacromial decompression (SAD) is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. **NO** evidence of significant arthritis (Kellgren-Lawrence grade 2 or higher).
2. **NO** nicotine/tobacco use within 6 weeks of surgery (nicotine/tobacco products include cigar, cigarette, e-cigarette, nicotine pouch, smokeless tobacco or vape pen)
3. Clinically stable and comorbidities are managed (eg, absent infection, hypertension controlled) **AND** *if diabetic* a HbA_1c of 8% or less.
4. SAD is done as a combination procedure with **ANY** of the following: ***NOTE**: *SAD should **NOT** be done as a single procedure.*

a. Capsulorrhaphy

b. Debridement

c. Distal clavicle excision

d. Labral repair

e. Loose body removal

f. Lysis of Adhesions

[11]A home exercise program that is self-managed or that does not provide sufficient clinical oversight is not considered adequate enough to meet this indication.

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g. Rotator cuff repair (RCR)

h. Synovectomy

i. Tenodesis/tenotomy of biceps

5. X-ray demonstrates mechanical outlet impingement (Bigliani type 3 morphology).

References: [64] [59] [8] [36] [62] [24]

Shoulder Synovectomy Guideline

A shoulder partial or complete synovectomy is considered medically appropriate when the documentation demonstrates **ALL** of the following:

1. **NO** evidence of significant arthritis (Kellgren-Lawrence grade 2 or higher).
2. **NO** nicotine/tobacco use within 6 weeks of surgery (nicotine/tobacco products include cigar, cigarette, e-cigarette, nicotine pouch, smokeless tobacco or vape pen)
3. Clinically stable and comorbidities are managed (eg, absent infection, hypertension controlled) **AND** *if diabetic* a HbA_1c of 8% or less.
4. Clinical condition includes **ANY** of the following:
   a. Hemarthrosis, recurrent
   b. Hemochromatosis
   c. Hemophilia
   d. Inflammatory arthritis (ie, rheumatoid arthritis, gout, pseudo-gout, psoriatic arthritis)
   e. Synovitis, Lyme or non-specific
   f. Pigmented villonodular synovitis (PVNS)
   g. Synovial chondromatosis
5. Conservative therapy attempted including **ALL** of the following:
   a. Physical therapy (PT) was clinically managed (ie, qualified licensed clinician performs assessments, creates care plan and monitors outcomes) for *at least 3 months in the past 6 months* with **NO** improvement in symptoms or functional ability. *If PT notes demonstrate improvement in pain or functional ability, additional non-surgical conservative therapy is required with a reevaluation of pain and functional status prior to surgical intervention.*[12]

[12]A home exercise program that is self-managed or that does not provide sufficient clinical oversight is not considered adequate enough to meet this indication.

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b. Treatment includes **ANY** of the following:

i. Corticosteroid injection, intraarticular

ii. Medication pain management (eg, NSAIDs, analgesics)

6. MRI or CT demonstrate primary synovial disease or effusion **OR** prior arthroscopy demonstrates secondary hypertrophic synovitis.

7. Shoulder functional impairment (from normal) affecting activities of daily living (ADLs) or independent activities of daily living (IADLs).

References: [77] [85]

Tenotomy and/or Tenodesis, Long Head Biceps (LHB) Guideline

A long head biceps (LHB) tenotomy or tenodesis is considered medically appropriate when the documentation demonstrates **ALL** of the following: **__NOTE__: Tenodesis is usually better for the very active, muscular and that regularly perform higher-demand activities. Tenotomy may be better for those smoke, due to healing problems in tenodesis.*

1. **NO** evidence of significant arthritis (Kellgren-Lawrence grade 2 or higher).

2. **NO** nicotine/tobacco use within 6 weeks of surgery (nicotine/tobacco products include cigar, cigarette, e-cigarette, nicotine pouch, smokeless tobacco or vape pen)

3. Clinically stable and comorbidities are managed (eg, absent infection, hypertension controlled) **AND** *if diabetic* a HbA_1c of 8% or less.

4. Clinical condition includes **ANY** of the following:

a. MRI or CT demonstrate long-head biceps hypertrophy, subluxation or tear.

b. MRI demonstrates superior labral anterior-posterior (SLAP) tear.

c. Rotator cuff tear, full-thickness, repair meets medical necessity criteria (*see* Rotator Cuff Repair (RCR) Guideline).

d. SLAP tear repair failure

e. Tenosynovitis with evidence of being chronic AND long-head biceps groove pain.

5. Conservative therapy attempted *in the past 6 months* including **ALL** of the following:

a. Physical therapy (PT) program *attempted for at least 6 weeks in the past 6 months* that was clinically managed (ie, qualified licensed clinician performed assessment, created care plan and monitored outcomes) **AND** there was **NO** significant improvement in symptoms or functional ability.*__NOTE__: *If PT notes demonstrate improvement in pain or functional ability, additional non-surgical*

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conservative therapy is required with a reevaluation of pain and functional status prior to surgical intervention.[13]

b. Treatment includes **ANY** of the following:

i. Corticosteroid injection, intraarticular, subacromial or bicipital groove

ii. Medication pain management (eg, NSAIDs, analgesics)

6. Physical exam demonstrates **AT LEAST 2** of the following:

a. Pain, anterior shoulder

b. Pain, anterior shoulder during resisted supination of the forearm (Yergason's test).

c. Speed's test is postive.

d. Biceps groove tenderness

e. Weakness

7. Shoulder functional impairment (from normal) and pain affecting activities of daily living (ADLs) or independent activities of daily living (IADLs) for *at least 3 months*.

References: [18] [45] [51]

[13]A home exercise program that is self-managed or that does not provide sufficient clinical oversight is not considered adequate enough to meet this indication.

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Shoulder Arthroscopy Procedure Codes

Table 1. Shoulder Arthroscopy Associated Procedure Codes

CODE	DESCRIPTION
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis

Rotator Cuff Repair Procedure Codes

Table 1. Rotator Cuff Repair Associated Procedure Codes

CODE	DESCRIPTION
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair

Shoulder Arthroscopy Summary of Changes

Shoulder Arthroscopy guideline from 2024 to 2025 had the following changes:

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Table 1. 2025 Shoulder Arthroscopy Summary of Changes

Date	Type of Change	Summary
10/24/2025	Mid-Cycle Review	• PEDs MSK SHOULDER UPDATE ▪ Pediatric Indication/criteria Brachial Plexus Birth Palsy (BPBP) based on evidence.

5/08/2025	Annual Review	• Added to Shoulder Lysis of Adhesions and Capsulotomy/Capsular Release Guideline: Physical exam demonstrates loss of motion of at least 50% in 2 planes, as compared to the contralateral shoulder, as per evidence from AAOS.
		• Added to Capsulorrhaphy Guideline: Physical exam supports repeatable increased glenohumeral joint translation in ANY of the following: as per evidence from AAOS.
		  ▪ Sulcus test: greater than 1 cm of movement
		  ▪ Gagey/hyperabduction: test end range greater than 105 degree abduction
		  ▪ Beighton score: screening for hyperlaxity score greater than 4
		• Added to Posterior Labral Tear Repair Guideline: Positive results on ANY of the following tests: as per evidence from AAOS.
		  ▪ Load and shift test
		  ▪ Drawer test
		  ▪ Jerk test
		  ▪ Kim test
		• Added to Superior Labral Anterior- Posterior (SLAP) Tear Repair Guideline: Injury associated with a SLAP tear, (i.e. acute injury in athlete related to overhead throwing, fall, traction/ shear/lifting injury. motor vehicle accident),as per evidence from AAOS.
		• Added: New Shoulder Arthroscopy Associated Procedure Code 29826 as managed code.
		• Change the following:
		  ▪ Change the Anterior-Inferior Labral Tear (Bankhart) Repair Guideline: Range of Motion (ROM) is normal to Range of Motion (ROM) is abnormal or decreased, as evidence from AAOS.
		• Citations updated per the evidence

Medically Appropriate Shoulder Procedures

Requests for the following procedure codes are considered medically appropriate:

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Table 1. Medically Appropriate Shoulder Procedure Codes

Code	Description
23031	Incision and drainage, shoulder area; infected bursa
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body
23100	Arthrotomy, glenohumeral joint, including biopsy
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus
23190	Ostectomy of scapula, partial (eg, superior medial angle)
23195	Resection, humeral head
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)
23480	Osteotomy, clavicle, with or without internal fixation;
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus
23800	Arthrodesis, glenohumeral joint;
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)

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2024 Shoulder Surgery Associated Bundled Procedure Codes

Table 1. Shoulder Surgery Associated Bundled Procedure Codes

CODE	DESCRIPTION
23031	Incision and drainage, shoulder area; infected bursa
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus
23190	Ostectomy of scapula, partial (eg, superior medial angle)
23195	Resection, humeral head
23200	Radical resection of tumor; clavicle
23210	Radical resection of tumor; scapula
23220	Radical resection of tumor, proximal humerus
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)
23405	Tenotomy, shoulder area; single tendon
23406	Tenotomy, shoulder area; multiple tendons through same incision
23480	Osteotomy, clavicle, with or without internal fixation;
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle

Shoulder Surgery Definition Section

Acetabularization is concave erosion of the underside of the acromion.

Achondroplasia is the most common cause of dwarfism, or significantly abnormal short stature.

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Acromioclavicular joint (AC) is the point at which the clavicle joins with the acromion.
Acromion is the outer end of the shoulder blade that forms the highest part of the shoulder and to which the collarbone is attached.
Acromionectomy is the resection of the acromion.
Acromioplasty is surgical reshaping of the acromion, frequently performed to remedy compression of the supraspinatus portion of the rotator cuff of the shoulder joint between the acromion and the greater tubercle of the humerus.
Adhesive capsulitis or frozen shoulder, occurs when the connective tissue enclosing the joint becomes thickened and tight, causing stiffness and pain in the shoulder joint.
(ADL) Activities of Daily Living, referring to basic self-care tasks (eating, bathing, dressing, toileting, mobility) essential for independence, especially for elderly or disabled individuals.
Ankylosis is stiffness or fixation of a joint by disease or surgery.
The **Anterior Slide Test** is an orthopedic test to assess for SLAP lesions / the superior biceps labrum complex in the shoulder.
Apprehension test is a test of joint instability. If instability is present, the patient displays concern or discomfort when a joint is put in a position of risk for dislocation.
Arthrocentesis is a medical procedure involving the puncture and aspiration of a joint to sample synovial fluid for diagnostic or therapeutic purposes.
Arthrodesis is the surgical fusion of a joint.
Arthrofibrosis is a fibrotic joint disorder characterized by excessive collagen production and adhesions that result in restricted joint motion and pain.
Arthrogram is a medical imaging technique that allows imaging of a joint after injection of contrast material into the joint. Injection of the contrast material better allows for visualization of soft tissues around and within the joint (like tendons, cartilage, and ligaments). Arthrography may be done using X-ray imaging known as fluoroscopy, but CT scan and MRI arthrography are also performed.
Arthroplasty is the operative formation or restoration of a joint.
Arthroscopy is the examination of a joint, specifically, the inside structures. The procedure is performed by inserting a specifically designed illuminated device into the joint through a small incision. This instrument is called an arthroscope. The procedure of arthroscopy is primarily associated with the process of diagnosis.
Arthrosis is a degenerative disease of a joint.
Arthrotomy is cutting into a joint to expose its interior.
Aseptic loosening is the failure of joint prostheses without the presence of mechanical cause or infection.
Atrophy is a decrease in size or wasting away of a body part or tissue.
Avascular necrosis is localized death of bone tissue due to impaired or disrupted blood supply (as from traumatic injury or disease).

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Bankart lesion is an anterior labral disruption with tearing of the attached periosteum, usually as a result of anterior dislocation.

Beighton score is a system used to assess generalized joint hypermobility, a condition where joints move beyond the normal range of motion. It's a 9-point scale where individuals are given a point for each joint demonstrating hypermobility during specific tests. A higher score indicates greater joint laxity and a potential diagnosis of hypermobility.

Biceps load test: a clinical test for superior labrum anterior and posterior lesions in shoulders with recurrent anterior dislocations.

Bicep tenodesis is a type of surgery used to treat a tear in the tendon that connects the biceps muscle to the shoulder.

Bicep tenotomy is a surgical procedure where the bicep tendon is cut at its base by the top of the shoulder socket and the tendon is allowed to retract out of the joint, allowing it to heal to the humerus over a few weeks.

Brachial plexus palsy is a condition that happens when the nerves of the brachial plexus (a set of nerves that control the muscles of the arm) have been damaged, causing the inability to move muscles in an area (paralysis).

Bursitis is swelling of the fluid filled sac or sac-like cavity that reduces friction between moving parts in the joints.

Calcific tendonitis is inflammation of the tendons.

Capsulorrhaphy is a suture of a joint capsule.

Charcot arthropathy also known as neuropathic arthropathy, is a progressive and destructive joint disease that occurs in individuals with nerve damage (neuropathy).

Charcot shoulder is a chronic and progressive joint disease most commonly caused by syringomyelia leading to the destruction of the shoulder joint and surrounding structures.

Chondrolysis is rapidly progressive loss of articular cartilage from a major joint (eg, hip, shoulder).

Claviculectomy is the surgical removal of all or part of a clavicle.

Complex Regional Pain Syndrome (CRPS) is a chronic pain condition, often triggered by an injury, that causes intense, persistent pain, usually in a limb, along with other symptoms like swelling, skin color changes, and temperature fluctuations.

Contralateral is something that relates to the opposite side of the body.

Coracoclavicular ligament is the ligament that joins the clavicle and the coracoid process of the scapula.

Drawer Test is a clinical examination used to assess the stability of the anterior and posterior cruciate ligaments (ACL and PCL) of the knee. It involves gently pulling or pushing the tibia (shin bone) forward or backward while the knee is flexed. A positive test, indicating ligament injury, is characterized by excessive or abnormal movement of the tibia compared to the unaffected knee.

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Dysplasia refers to abnormal development or growth of cells, tissues, or organs, resulting in a change in their structure or function. It's essentially a precancerous condition where cells exhibit abnormal features under a microscope, but they haven't become cancerous.

Ehlers-Danlos syndrome is a group of hereditary connective tissue disorders that manifests clinically with skin hyperelasticity, hypermobility of joints, atrophic scarring and fragility of blood vessels.

Ewing sarcoma is a rare type of cancer that occurs in bones or in the soft tissue around the bones. Ewing sarcoma most often begins in the leg bones and in the pelvis.

Excision removal of tissue from the body using a scalpel (a sharp knife), laser, or other cutting tool. A surgical excision is usually done to remove a lump or other suspicious growth.

Gagey test, also known as the hyperabduction test, is a physical examination technique used to assess the laxity of the inferior glenohumeral ligament (IGHL) and, in some cases, other ligaments around the shoulder. It involves abducting the patient's arm while stabilizing the scapula to measure the range of passive abduction.

Giant cell tumor is a rare tumor that usually forms in bone, but may also form in cartilage, muscle, fat, blood vessels or other supportive tissue in the body. Most giant cell tumors occur at the ends of the long bones of the arms and legs near a joint (such as the knee, wrist, hip or shoulder). Most are benign (not cancer) but some are malignant (cancer). Giant cell tumors usually occur in young and middle-aged adults.

Glenohumeral joint is a ball and socket joint that includes a complex, dynamic, articulation between the glenoid of the scapula and the proximal humerus. Specifically, it is the head of the humerus that contacts the glenoid cavity (or fossa) of the scapula.

Grind test is a clinical test used to identify glenohumeral labial tearing.

Hemarthrosis is a condition where blood accumulates in a joint cavity, causing pain, swelling, and limited mobility.

Hemiarthroplasty is a type of hip surgery that involves replacing half of a major joint (eg, hip, shoulder).

Hemochromatosis is a condition in which the body absorbs and stores too much iron. This excess iron can accumulate in various organs, including the liver, heart, and pancreas, leading to potential damage.

Hemophilia is a rare, inherited bleeding disorder that impairs the body's ability to form blood clots. It occurs when there is a deficiency or defect in certain clotting factors, proteins that are essential for stopping bleeding. As a result, individuals with hemophilia may experience prolonged or spontaneous bleeding, even after minor injuries or surgeries.

Hill-Sachs lesion is a fracture in the long bone in the upper arm (humerus) that connects to the body at the shoulder.

Humeral avulsion of the glenohumeral ligament (HAGL) is an injury to the inferior glenohumeral ligament causing instability and/or pain and a missed cause of recurrent shoulder instability.

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Hyperplasia is an increase in the number of cells in a tissue or organ, resulting in its enlargement. It's different from hypertrophy, which is an increase in the size of individual cells. Hyperplasia can be caused by various factors, including normal physiological processes or pathological conditions.

Hypertrophy is the excessive development of an organ or part, specifically an increase in bulk (as by thickening of muscle fibers) without multiplication of parts.

IADLs, or Instrumental Activities of Daily Living, are complex tasks needed for independent living in a community, like managing finances, shopping, cooking, housekeeping, managing medications, and using transportation

Impingement is the degenerative alteration in a joint in which there is excessive friction between joint tissues. This typically causes limitations in range of motion and the perception of joint pain.

Incision and drainage a surgical cut made to achieve access or to allow discharge of unwanted material such as pus.

Ipsilateral is something situated or appearing on or affecting the same side of the body.

Ischemia is a deficient supply of blood to a body part (such as the heart or brain) due to obstruction of the inflow of arterial blood.

Jerk test is used to assess the stability of the glenohumeral joint in the shoulder. It can also be used to confirm or rule out posteroinferior labral lesions. A painful jerk test can predict the success of nonoperative treatment for posteroinferior instability.

Kim Test is a clinical examination used to detect posteroinferior labral tears in the shoulder. It's considered a novel test for this specific type of labral lesion, particularly those that are predominantly inferior, according to ResearchGate. A positive test typically involves the patient experiencing posterior shoulder pain when the test is performed

Kellgren-Lawrence Grading System is a measurement of level of osteoarthritis using standing/ weight-bearing X-rays, as follows:

Table 1. Kellgren-Lawrence Grading System

Description	Grade
No radiographic features of osteoarthritis	0
Possible joint space narrowing and osteophyte formation	1
Definite osteophyte formation with possible joint space narrowing	2
Moderate multiple osteophytes, definite narrowing of joint space, some sclerosis and possible deformity of bone contour	3
Large osteophytes, marked narrowing of joint space, severe sclerosis and definite deformity of bone contour	4

The "**labral grind test**," often referred to as the Crank Test or Compression Rotation Test, is an orthopedic test used to assess for glenoid labral tears and SLAP (Superior Labral Anterior Posterior) lesions in the shoulder. It involves applying an axial load and rotating the shoulder while attempting to "pinch" or grind the labrum.

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Labrum a thick tissue or type of cartilage that is attached to the rim of the socket and essentially forms a bumper that deepens the socket and helps keep the ball in place.
Laxity is the state of being deficient in firmness.
Limb length discrepancy is a difference in size between the length of both arms or both legs.
Load and Shift test is a physical examination technique used to assess the stability of the glenohumeral joint (shoulder joint), particularly for anterior and posterior instability. It involves applying a "load" and then a "shift" to the humeral head (upper arm bone) while it is in the glenoid fossa (socket).
Load shift test is an orthopedic shoulder test to assess anterior and posterior shoulder instability.
Loose body a small fragment of detached bone or cartilage that floats through the body, catching or locking in the joints.
Malunion fracture a fracture that has healed in a less than optimal position.
Manipulation under anesthesia (MUA) is a noninvasive treatment technique used to treat acute and chronic conditions, including muscular or spinal pain. Under anesthesia, spastic muscles are believed to relax and pain sensations diminish, which theoretically may permit joint manipulation through a full range of motion.
Marfan syndrome is a congenital connective tissue disorder that is primarily associated with cardiac pathology (eg, mitral valve prolapse, aortic root dilation), skeletal pathology (eg, lengthening of long bones, joint laxity) and ocular pathology (eg, ectopia lentis).
Metastases is the spread of a disease-producing agency (such as cancer cells) from the initial or primary site of disease to another part of the body.
O'Brien's active compression test was primarily developed for assessment of Acromioclavicular joint pathology following a patient's demonstration of what reproduced their shoulder pain.
Ollier's disease is a rare disorder that causes benign (not cancer) growths of cartilage in the bones.
Os acromiale is an acromion that is joined to the scapular spine by fibrous, rather than by bony, union.
Osteochondritis dissecans is a joint disorder in which a segment of bone and cartilage starts to separate from the rest of the bone after repeated stress or trauma. The fragment may stay in place or fall into the joint space.
Osteoarthritis is a progressive disorder of the joints caused by gradual loss of cartilage and resulting in the development of bony spurs and cysts at the margins of the joints.
Osteolysis is dissolution or degeneration of bone tissue through disease.
Osteomyelitis is an infectious, inflammatory disease of bone. It is often painful, bacterial in origin and may result in the death of bone tissue.
Osteosarcoma is a malignant tumor derived from bone or containing bone tissue.
Osteotomy is the incision or transection of a bone.
Poliomyelitis is an acute infectious disease occurring sporadically or in epidemics and caused by a virus, usually a poliovirus but occasionally a coxsackievirus or echovirus. Called also polio.

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Posttraumatic arthritis is inflammation in the joints that forms after a traumatic injury.
Prophylactic treatment is a procedure that is done by inserting metal into the bone in order to strengthen it well before it breaks. This type of surgery can be done in a minimally invasive fashion, and can reduce pain and prevent the major problems associated with fracture.
Pseudoparalysis is the apparent lack or loss of muscular power (as that produced by pain) that is not accompanied by true paralysis.
Recalcitrant is something that is difficult to treat, or resistant to commonly used treatments.
Refractory is resistance to treatment or cure.
Relocation test is a clinical test to identify the presence of anterior glenohumeral instability.
Resection is a surgical procedure done to remove tissue, or part or all of an organ.
Retroversion refers to turning or tilting backward, or the state of being turned or tilted back.
Revision is a new operation in a previous joint replacement during which one of the components are exchanged, removed, manipulated, or added. It includes excision arthroplasty and amputation, but not soft tissue procedures.
Rotator cuff repair is surgery to repair a torn tendon in the shoulder. The procedure can be done with a large (open) incision or with shoulder arthroscopy, which uses smaller incisions.
A **rotator cuff tear** is a rip or tear in one or more of the tendons that make up the rotator cuff, a group of muscles and tendons that stabilize the shoulder joint and allow for arm movement.
Sarcomas are rare cancers that develop in the bones and soft tissues including fat, muscles, blood vessels, nerves, deep skin tissues and fibrous tissues.
Scapular winging, also called scapula alta, occurs when the muscles of the scapula are too weak or paralyzed, resulting in a limited ability to stabilize the scapula. As a result, the medial or lateral borders of the scapula protrudes from back, like wings.
Scapulopexy is surgical fixation of the scapula.
Scapulothoracic abnormal motion (STAM) is a group of scapular conditions, including scapular dyskinesis and medial or lateral scapular winging, that can lead to chronic pain, weakness, limited motion, and deformity.
Sequelae is an after effect of a disease, condition, or injury.
Shoulder Arthroscopy
Arthroscopy involves the use of a fiber optic camera within the shoulder joint, accessed through a small incision for diagnostic visualization purposes. Additional tools may then be introduced to remove, repair or reconstruct the joint.
Shoulder Capsulorrhaphy is a surgical procedure that tightens the shoulder capsule, the fibrous tissue that surrounds and stabilizes the shoulder joint. It is typically performed to treat shoulder instability, a condition where the shoulder joint is loose or dislocates easily.
Subacromial decompression is a surgical procedure that aims to relieve pain and improve function in the shoulder. It is typically performed to treat shoulder impingement, a condition where the tendons and bursa (fluid-filled sac) under the acromion bone (the bony projection at the top of the shoulder blade) become inflamed and irritated.

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Subacromial stenosis is a previously undescribed entity that causes narrowing of the height of the subacromial space without proximal migration of the humerus.
Subchondral cyst is a cyst situated beneath cartilage.
Subluxation is a partial or incomplete dislocation.
Sulcus test is a clinical test used to assess for inferior shoulder instability, specifically glenohumeral laxity. It involves applying a downward traction force to the arm while palpating the area beneath the acromion. A positive sulcus sign, indicating excessive inferior translation of the humeral head, is observed as a gap or depression in this area.
Superior labrum anterior to posterior (SLAP) tear is an injury to the labrum of the shoulder, which is the ring of cartilage that surrounds the socket of the shoulder joint.
Synovial chondromatosis is a type of non-cancerous tumor that arises in the lining of a joint.
Synovitis is inflammation (swelling, pain, and warmth) of a synovial membrane, which is a layer of connective tissue that lines a joint, such as the hip, knee, ankle, or shoulder.
Synovectomy is the surgical removal of a synovial membrane.
Tendonesis is a surgical procedure that is typically used to treat injuries to the biceps tendon in the shoulder.
Tenosynovitis is inflammation of a tendon sheath.
Tenotomy is the surgical division of a tendon.
Thoracic outlet syndrome is a condition caused by the compression of neurovascular structures as they pass through the thoracic outlet, leading to symptoms such as pain, paresthesia, and weakness in the upper extremity.
Total shoulder arthroplasty includes the replacement of both the glenoid and humerus.

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Disclaimer section

Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

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Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

Payment

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

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National and Local Coverage Determination (NCD and LCD)

NOTICE
To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to https://www.cms.gov/medicare-coverage-database/search.aspx.

Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.

CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.
In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

For Internal Use Only:

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