

Joint Procedures

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[Instructions for Use](#)

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Coverage Rationale

Surgery of the Hip

Medicare does not have an NCD for surgery of the hip. LCDs/LCAs may exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Surgery of the Hip](#).

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

Other Hip Procedures Not Addressed Above

Medicare does not have an NCD for CPT code 27122. LCDs/LCAs do not exist.

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

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

Femoroacetabular Impingement (FAI) Syndrome

Medicare does not have an NCD for femoroacetabular impingement (FAI) syndrome. LCDs/LCAs do not exist.

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

Surgery of the Knee

Medicare does not have an NCD for surgery of the knee. LCDs/LCAs may exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Surgery of the Knee](#).

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

Surgery of the Ankle

Medicare does not have an NCD for surgery of the ankle. LCDs/LCAs do not exist.

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

Surgery of the Hand and Wrist

Medicare does not have an NCD for surgery of the hand and wrist. LCDs/LCAs do not exist.

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

Endoscopic Cubital Tunnel Release, Elbow

Medicare does not have an NCD for endoscopic cubital tunnel release, elbow. LCDs/LCAs do not exist.

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

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

Surgery of Elbow

Medicare does not have an NCD for surgery of elbow. LCDs/LCAs do not exist.

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

Surgery of Shoulder

Medicare does not have an NCD for surgery of shoulder. LCDs/LCAs do not exist.

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

Subacromial Balloon Spacers for the Treatment of Rotator Cuff Tears

Medicare does not have an NCD for subacromial balloon spacers for the treatment of rotator cuff tears. LCDs/LCAs do not exist.

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

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service; however, language may be included in the listing below to indicate if a code is non-covered. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
Surgery of the Hip	
27120	Acetabuloplasty; (e.g., Whitman, Colonna, Haygroves, or cup type)
27122	Acetabuloplasty; resection, femoral head (e.g., Girdlestone procedure)
27125	Hemiarthroplasty, hip, partial (e.g., femoral stem prosthesis, bipolar arthroplasty)
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
Femoroacetabular Impingement (FAI) Syndrome	
29914	Arthroscopy, hip, surgical; with femoroplasty (i.e., treatment of cam lesion)
29915	Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)
29916	Arthroscopy, hip, surgical; with labral repair
29999	Unlisted procedure, arthroscopy

CPT Code	Description
Surgery of the Knee	
27412	Autologous chondrocyte implantation, knee
27415	Osteochondral allograft, knee, open
27416	Osteochondral autograft(s), knee, open (e.g., mosaicplasty) (includes harvesting of autograft[s])
27445	Arthroplasty, knee, hinge prosthesis (e.g., Walldius type)
27446	Arthroplasty, knee, condyle and plateau; medial or lateral compartment
27447	Arthroplasty, knee, condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee arthroplasty)
27486	Revision of total knee arthroplasty, with or without allograft; 1 component
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g., mosaicplasty) (includes harvesting of the autograft[s])
29867	Arthroscopy, knee, surgical; osteochondral allograft (e.g., mosaicplasty)
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
Surgery of the Ankle	
27700	Arthroplasty, ankle
28446	Open osteochondral autograft, talus (includes obtaining graft[s]) [Refer to the UnitedHealthcare Commercial Medical Policy titled Surgery of the Ankle]
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis
Surgery of the Hand and Wrist	
25441	Arthroplasty with prosthetic replacement; distal radius
25442	Arthroplasty with prosthetic replacement; distal ulna
25444	Arthroplasty with prosthetic replacement; lunate
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)
25449	Revision of arthroplasty, including removal of implant, wrist joint
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29844	Arthroscopy, wrist, surgical; synovectomy, partial
29845	Arthroscopy, wrist, surgical; synovectomy, complete
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability
Endoscopic Cubital Tunnel Release, Elbow	
29999	Unlisted procedure, arthroscopy
Surgery of the Elbow	
24360	Arthroplasty, elbow; with membrane (e.g., fascial)
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction

CPT Code	Description
Surgery of the Elbow	
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (e.g., total elbow)
24365	Arthroplasty, radial head
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29837	Arthroscopy, elbow, surgical; debridement, limited
29838	Arthroscopy, elbow, surgical; debridement, extensive
Surgery of the Shoulder	
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement) (e.g., total shoulder)
Subacromial Balloon Spacers for the Treatment of Rotator Cuff Tears	
29999	Unlisted procedure, arthroscopy

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HCPCS Code	Description
J7330	Autologous cultured chondrocytes, implant

Centers for Medicare and Medicaid Services (CMS) Related Documents

After checking the table below and searching the [Medicare Coverage Database](#), if no NCD, LCD, or LCA is found, refer to the criteria as noted in the [Coverage Rationale](#) section above.

NCD	LCD	LCA	Contractor Type	Contractor Name
Surgery of the Hip				
N/A	L33618 Major Joint Replacement (Hip and Knee)	A57765 Billing and Coding: Major Joint Replacement (Hip and Knee)	Part A and B MAC	First Coast
	L36039 Total Joint Arthroplasty	A57428 Billing and Coding: Total Joint Arthroplasty	Part A and B MAC	NGS
	L34163 Total Hip Arthroplasty	A57683 Billing and Coding: Total Hip Arthroplasty	Part A and B MAC	Noridian
	L36573 Total Hip Arthroplasty	A57684 Billing and Coding: Total Hip Arthroplasty	Part A and B MAC	Noridian
	L36007 Lower Extremity Major Joint Replacement (Hip and Knee)	A56796 Billing and Coding: Lower Extremity Major Joint Replacement (Hip and Knee)	Part A and B MAC	Novitas**
	L33456 Total Joint Arthroplasty	A56777 Billing and Coding: Total Joint Arthroplasty	Part A and B MAC	Palmetto**
	L39911 Total Joint Arthroplasty	A59811 Billing and Coding: Total Joint Arthroplasty	Part A and B MAC	WPS*
Surgery of the Knee				
N/A	L33618 Major Joint Replacement (Hip and Knee)	A57765 Billing and Coding: Major Joint Replacement (Hip and Knee)	Part A and B MAC	First Coast
	L36039 Total Joint Arthroplasty	A57428 Billing and Coding: Total Joint Arthroplasty	Part A and B MAC	NGS
	L36577 Total Knee Arthroplasty	A57686 Billing and Coding: Total Knee Arthroplasty	Part A and B MAC	Noridian

NCD	LCD	LCA	Contractor Type	Contractor Name
Surgery of the Knee				
N/A	L36575 Total Knee Arthroplasty	A57685 Billing and Coding: Total Knee Arthroplasty	Part A and B MAC	Noridian
	L36007 Lower Extremity Major Joint Replacement (Hip and Knee)	A56796 Billing and Coding: Lower Extremity Major Joint Replacement (Hip and Knee)	Part A and B MAC	Novitas**
	L33456 Total Joint Arthroplasty	A56777 Billing and Coding: Total Joint Arthroplasty	Part A and B MAC	Palmetto**
	L39911 Total Joint Arthroplasty	A59811 Billing and Coding: Total Joint Arthroplasty	Part A and B MAC	WPS*

Medicare Administrative Contractor (MAC) With Corresponding States/Territories	
MAC Name (Abbreviation)	States/Territories
CGS Administrators, LLC (CGS)	KY, OH
First Coast Service Options, Inc. (First Coast)	FL, PR, VI
National Government Services, Inc. (NGS)	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
Noridian Healthcare Solutions, LLC (Noridian)	AS, AK, AZ, CA, GU, HI, ID, MT, NV, ND, Northern Mariana Islands, OR, SD, UT, WA, WY
Novitas Solutions, Inc. (Novitas)	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX, VA**
Palmetto GBA (Palmetto)	AL, GA, NC, SC, TN, VA**, WV
Wisconsin Physicians Service Insurance Corporation (WPS)*	IA, IN, KS, MI, MO, NE
Notes	
*Wisconsin Physicians Service Insurance Corporation: Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers.	
**For the state of Virginia: Part B services for the city of Alexandria and the counties of Arlington and Fairfax are excluded for the Palmetto GBA jurisdiction and included within the Novitas Solutions, Inc. jurisdiction.	

Policy History/Revision Information

Date	Summary of Changes
04/01/2025	<p>Related Policies</p> <ul style="list-style-type: none"> Added reference link to the UnitedHealthcare Commercial Medical Policy titled: <ul style="list-style-type: none"> <i>Surgery of the Ankle</i> <i>Surgery of the Elbow</i> <i>Surgery of the Hand or Wrist</i> <i>Surgery of the Hip</i> <i>Surgery of the Knee</i> <i>Surgery of the Shoulder</i> <p>Coverage Rationale</p> <ul style="list-style-type: none"> Removed content/language addressing: <ul style="list-style-type: none"> Core decompression for avascular necrosis Radiofrequency ablation of shoulder, hip, or knee <p>Applicable Codes</p> <p>Core Decompression for Avascular Necrosis</p> <ul style="list-style-type: none"> Removed list of applicable CPT codes: 21299, 23929, 27299, 27599, and 27899 <p>Femoroacetabular Impingement (FAI) Syndrome</p> <ul style="list-style-type: none"> Removed CPT code 27299 <p>Radiofrequency Ablation of Shoulder, Hip, or Knee</p> <ul style="list-style-type: none"> Removed list of applicable CPT codes: 23929, 27299, and 27599

Date	Summary of Changes
	<p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version MMP052.08

Instructions for Use

The Medicare Advantage Policy documents are generally used to support UnitedHealthcare coverage decisions. It is expected providers retain or have access to appropriate documentation when requested to support coverage. This document may be used as a guide to help determine applicable:

- Medical necessity coverage guidelines; including documentation requirements, and/or
- Medicare coding or billing requirements.

Medicare Advantage Policies are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates. This Policy is provided for informational purposes and does not constitute medical advice. It is intended to serve only as a general reference and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes this policy. For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).

Medicare Advantage Policies are developed as needed, are regularly reviewed, and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policies at any time by publishing a new version on this website. Medicare source materials used to develop these policies may include, but are not limited to, CMS statutes, regulations, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and manuals. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. The information presented in this Policy is believed to be accurate and current as of the date of publication. Where there is a conflict between this document and Medicare source materials, the Medicare source materials apply. Medicare Advantage Policies are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

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

Providers are responsible for submission of accurate claims. Medicare Advantage Policies are intended to ensure that coverage decisions are made accurately. UnitedHealthcare Medicare Advantage Policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

For members in UnitedHealthcare Medicare Advantage plans where a delegate manages utilization management and prior authorization requirements, the delegate's requirements need to be followed.

This policy addresses hip/knee/elbow/shoulder replacement surgery (arthroplasty), Femoroacetabular Impingement (FAI)