Musculoskeletal Program

Level of Care for Musculoskeletal Surgery

EFFECTIVE MARCH 01, 2018
LAST REVIEWED DECEMBER 12, 2017
Description and Application of the Guidelines

The AIM Clinical Appropriateness Guidelines (hereinafter “AIM Clinical Appropriateness Guidelines” or the “Guidelines”) are designed to assist providers in making the most appropriate treatment decision for a specific clinical condition for an individual. As used by AIM, the Guidelines establish objective and evidence-based, where possible, criteria for medical necessity determinations. In the process, multiple functions are accomplished:

- To establish criteria for when services are medically necessary
- To assist the practitioner as an educational tool
- To encourage standardization of medical practice patterns
- To curtail the performance of inappropriate and/or duplicate services
- To advocate for patient safety concerns
- To enhance the quality of healthcare
- To promote the most efficient and cost-effective use of services

AIM guideline development process complies with applicable accreditation standards, including the requirement that the Guidelines be developed with involvement from appropriate providers with current clinical expertise relevant to the Guidelines under review and be based on the most up to date clinical principles and best practices. Relevant citations are included in the “References” section attached to each Guideline. AIM reviews all of its Guidelines at least annually.

AIM makes its Guidelines publicly available on its website twenty-four hours a day, seven days a week. Copies of the AIM Clinical Appropriateness Guidelines are also available upon oral or written request. Although the Guidelines are publicly-available, AIM considers the Guidelines to be important, proprietary information of AIM, which cannot be sold, assigned, leased, licensed, reproduced or distributed without the written consent of AIM.

AIM applies objective and evidence-based criteria and takes individual circumstances and the local delivery system into account when determining the medical appropriateness of health care services. The AIM Guidelines are just guidelines for the provision of specialty health services. These criteria are designed to guide both providers and reviewers to the most appropriate services based on a patient’s unique circumstances. In all cases, clinical judgment consistent with the standards of good medical practice should be used when applying the Guidelines. Guideline determinations are made based on the information provided at the time of the request. It is expected that medical necessity decisions may change as new information is provided or based on unique aspects of the patient’s condition. The treating clinician has final authority and responsibility for treatment decisions regarding the care of the patient and for justifying and demonstrating the existence of medical necessity for the requested service. The Guidelines are not a substitute for the experience and judgment of a physician or other health care professionals. Any clinician seeking to apply or consult the Guidelines is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment.

The Guidelines do not address coverage, benefit or other plan specific issues. If requested by a health plan, AIM will review requests based on health plan medical policy/guidelines in lieu of the AIM Guidelines.

The Guidelines may also be used by the health plan or by AIM for purposes of provider education, or to review the medical necessity of services by any provider who has been notified of the need for medical necessity review, due to billing practices or claims that are not consistent with other providers in terms of frequency or some other manner.

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Level of Care Guidelines for Musculoskeletal Surgery and Procedures

Evidence is growing that supports the safety and effectiveness of the outpatient surgery setting for many orthopedic and spine surgical procedures. Procedures that were formerly done inpatient are now being successfully performed in the outpatient surgery setting. Factors that have contributed to this movement include:

- Patient preference for outpatient surgery
- Equal or better outcomes compared to inpatient setting
- Lower costs and operational efficiency
- Minimal invasive techniques and improved surgical technologies
- Improved anesthesia techniques and better post-operative pain management

Appropriate patient selection for the outpatient setting is paramount to avoiding complications and readmissions. Patients with certain risk profiles should preferably have their procedures done inpatient to avoid complications and poor outcomes.

The intent of this guideline is to assist in determining the appropriate level of care needed to safely and effectively perform the intended surgical procedure. In addition to the guideline requirements, AIM will also consider the geographical proximity, availability, and capability of in-network facilities and the requesting provider’s existing surgical privileges status. Provider should be prepared to submit the required supporting medical documentation to include but not limited to:

- Provider office notes detailing preoperative medical optimization
- List of managed or unmanaged comorbidities and/or other surgical risk factors
- If being requested, the specific reason for an inpatient preoperative day (see Preoperative Day Requirements).
- Copies of medical consultations or clearances.
- Patient consent to outpatient selection
- If available, ASA physical status (Appendix A), Charleston Comorbidity Score, or other validated surgical risk score.

This guideline does not address the clinical appropriateness of the procedure. The AIM prior authorization process for clinical appropriateness of the surgical procedure is completed separately and precedes the level of care determination.

An outpatient surgical procedure is defined as one where a patient arrives at an ambulatory surgery center (ASC) or hospital-based outpatient department (HOPD) on the same day as the procedure is being performed and is discharged the same day or within a 23-hour observation period.
The inpatient surgical setting, rather than the outpatient setting, is required only if the patient’s medical condition, safety, or health would be significantly and directly threatened if care was provided in a less intensive setting. The selection of surgical setting is not justified when it is solely for the convenience of the patient, the patient’s family, or the provider.

**Spine**

**Outpatient Level of Care: Spine Surgery**

Outpatient (hospital or ASC) level of care is considered medically necessary for elective spine surgery when all of the following are present and when the patient meets the criteria for at least one surgical indication in the AIM Musculoskeletal Joint Surgery guidelines.

- **Appropriate procedure**
  - **Cervical**
    - One- or two-level anterior cervical discectomy and fusion (ACDF) between C3 and C7
    - One- or two-level cervical disc arthroplasty between C3-C7
    - One- or two-level foraminotomy
  - **Lumbar**
    - One- or two-level discectomy and/or decompression (laminectomy, laminotomy, or foraminotomy)
    - Vertebroplasty
    - Kyphoplasty

- **Appropriate patient**
  - Age less than 65
  - Low medical comorbidity risk
    - Charlson comorbidity index (CCI) 2 or less
    - American Society of Anesthesiologists (ASA) class 2 or less
  - Patient has received education on the procedure, anesthetic-related issues, aims of surgery, postoperative symptoms, and expectations

- **Appropriate outpatient facility**
  - Capability for 23-hour observation or is a hospital outpatient center on the main hospital campus.

- **Appropriate post-surgical disposition**
  - Responsible adult (caregiver) living with, or staying with the patient who is available to care for them for at least 24 hours after surgery
  - Patient resides within a reasonable distance (30-minute drive) of an emergency medical facility
Inpatient Level of Care: Spine Surgery

Inpatient level of care is considered medically necessary for spine surgery when at least one of the following patient or surgical specific risk factors is present and when the patient meets the criteria for at least one surgical indication in the AIM Musculoskeletal Spine Surgery guidelines.

Patient

- Demographic/constitutional
  - Age greater than 65 or less than 19
  - BMI > 40 kg/m^2
  - Pregnancy

- Medical risk factors
  - Medical comorbidity likely to require more than 6 hours of postoperative observation
    - Charlson comorbidity index (CCI) greater than 2
    - ASA class greater than 2
    - Recent venous thromboembolic event (VTE)
    - Severe or uncontrolled diabetes
    - Severe anemia requiring preoperative transfusion
    - Coagulopathy
    - Recent unexplained weight loss
    - Malnutrition
    - Chronic pulmonary disease
      - COPD, severe and/or oxygen dependent
      - Respiratory distress
  - Obstructive sleep apnea
  - Liver disease – cirrhosis
  - Vascular
    - Cardiovascular disease
      - myocardial infarction (MI) within six (6) months of intended surgery
      - angina pectoris with severe functional limitation
      - cardiac arrhythmia
      - implantable cardiac device (defibrillator, pacemaker)
• Cerebrovascular disease
  - recent stroke or transient ischemic attack (TIA)
  - Uncontrolled preoperative pain
  - Prior complication of anesthesia
  - Prior postoperative complication
  • Ileus
  • Urinary retention

• Psychiatric/cognitive
  - Ongoing substance abuse
  - Cognitive impairment

• Social
  - Patient resides outside of a reasonable distance (30-minute drive) of an emergency medical facility
  - No responsible/reliable adult (caregiver) living with, or staying with the patient who is available to care for them for at least 23 hours after surgery.
  - Patient does not agree to surgery outside the inpatient hospital setting or is expected to be noncompliant with perioperative care (example: severe anxiety about receiving surgery in a nonhospital setting)

• Functional status
  - Patient unable to care for individual needs
  - Functional impairment likely to necessitate inpatient rehabilitation after surgery (example: moderate to severe myelopathy)
  - Patient is at high risk for falls

*Note: The presence of medical and/or psychiatric comorbidities alone may not always justify an inpatient level of care, but rather consideration should be given if poorly controlled, unstable, untreated, or anticipated to require treatment postoperatively.*

**Surgical**

• Procedures listed in Addendum E: HCPCS Codes That Would Be Paid Only as Inpatient Procedures for CY 2018 of the Centers for Medicare and Medicaid Services Hospital Outpatient Prospective Payment CMS-1678-FC. Available at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1678-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending
• Indications that are emergent and/or systemic
  o Acute trauma with fracture
  o Spinal neoplasm
  o Septic arthritis
  o Complication of inflammatory arthritis / seronegative spondyloarthropathy (SpA)

• Prolonged operative or anesthesia time (anticipated > 3 hours)
• Revision surgery
• Procedure specific
  o Cervical
    - More than two-level anterior cervical discectomy and fusion
    - Procedures involving the craniocervical junction (C1-C2)
    - Posterior cervical fixation
    - Corpectomy
  o Thoracic
    - Any procedure or level
  o Lumbar
    - More than two-level discectomy or decompression
    - Any level fusion

• Surgical facility does not have capability for 23-hour observation or arrangements in place for overnight hospital admission
• Discharge on the day of surgery is not likely

Selected References
5 Best, NM, Sasso, RC. Outpatient lumbar spine decompression in 233 patients 65 years of age or older. Spine. 2007;32(10):1135-9; discussion 40.


Lied, B, Sundseth, J, Helseth, E. Immediate (0-6 h), early (6-72 h) and late (>72 h) complications after anterior cervical diskectomy with fusion for cervical disc degeneration; discharge six hours after operation is feasible. Acta Neurochir (Wien). 2008;150(2):111-8; discussion 8


**Figure 1. CPT codes in scope for spine surgery**

### Anterior Cervical Discectomy Fusion (ACDF) or Artificial Cervical Disc Arthroplasty

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22551</td>
<td>Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytreotomy and decompression of spinal cord and/or nerve roots; cervical below C2</td>
</tr>
<tr>
<td>22552</td>
<td>Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytreotomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)</td>
</tr>
<tr>
<td>22554</td>
<td>Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2</td>
</tr>
<tr>
<td>22585</td>
<td>Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22856</td>
<td>Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytreotomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical</td>
</tr>
<tr>
<td>22858</td>
<td>Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytreotomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22845</td>
<td>Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22853</td>
<td>Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

### Cervical Laminotomy/Laminectomy

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>63020</td>
<td>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical</td>
</tr>
<tr>
<td>63035</td>
<td>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>63040</td>
<td>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical</td>
</tr>
<tr>
<td>63043</td>
<td>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>63075</td>
<td>Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytreotomy; cervical, single interspace</td>
</tr>
<tr>
<td>63076</td>
<td>Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytreotomy; cervical, each additional interspace (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

### Lumbar Discectomy/Laminectomy

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>63030</td>
<td>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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</tr>
<tr>
<td>63042</td>
<td>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar</td>
</tr>
<tr>
<td>63044</td>
<td>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>63056</td>
<td>Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)</td>
</tr>
<tr>
<td>63057</td>
<td>Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>63005</td>
<td>Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis</td>
</tr>
<tr>
<td>63012</td>
<td>Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)</td>
</tr>
<tr>
<td>63017</td>
<td>Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar</td>
</tr>
<tr>
<td>63047</td>
<td>Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar</td>
</tr>
<tr>
<td>63048</td>
<td>Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar</td>
</tr>
</tbody>
</table>

**Vertebroplasty/Kyphoplasty**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22510</td>
<td>Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic</td>
</tr>
<tr>
<td>22511</td>
<td>Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral</td>
</tr>
<tr>
<td>22512</td>
<td>Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22513</td>
<td>Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance</td>
</tr>
<tr>
<td>22514</td>
<td>Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance</td>
</tr>
<tr>
<td>22515</td>
<td>Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance</td>
</tr>
</tbody>
</table>
Joint

Outpatient Level of Care: Joint Surgery

Historically, orthopedic hip, knee, and shoulder arthroscopic and sports medicine procedures (Figure 2) have been done on an outpatient basis. The performance of orthopedic arthroscopic and sports medicine procedures in the inpatient setting is generally considered not medically necessary. Requests to perform these procedures inpatient should be considered rare and will be reviewed on a case-by-case basis.

Inpatient Level of Care: Joint Surgery

Inpatient level of care is considered medically necessary for joint surgery when at least one of the following patient or surgical specific risk factors is present and when the patient meets the criteria for at least one surgical indication in the AIM Musculoskeletal Joint Surgery guidelines.

Patient

- Demographic/constitutional
  - Age greater than 65 or less than 19
  - BMI > 40 kg/m²
  - Pregnancy

- Medical risk factors
  - Medical comorbidity likely to require more than six (6) hours of postoperative observation
    - Charlson comorbidity index (CCI) greater than 2
    - ASA class greater than 2
    - Recent venous thromboembolic event (VTE)
    - Severe or uncontrolled diabetes
    - Severe anemia requiring preoperative transfusion
    - Coagulopathy
    - Recent unexplained weight loss
    - Malnutrition
    - Chronic pulmonary disease
      - COPD, severe and/or oxygen dependent
      - Respiratory distress
    - Obstructive sleep apnea
    - Liver disease – cirrhosis
    - Vascular
• Cardiovascular disease
  o myocardial infarction (MI) within six (6) months of intended surgery
  o angina pectoris with severe functional limitation
  o cardiac arrhythmia
  o implantable cardiac device (defibrillator, pacemaker)

• Cerebrovascular disease
  o recent stroke or transient ischemic attack (TIA)

- Uncontrolled preoperative pain
  - Prior complication of anesthesia
  - Prior postoperative complication
  • Ileus
  • Urinary retention

• Psychiatric/cognitive
  o Ongoing substance abuse
  o Cognitive impairment

• Social
  o Patient resides outside of a reasonable distance (30-minute drive) of an emergency medical facility
  o No responsible/reliable adult (caregiver) living with, or staying with the patient who is available to care for them for at least 23 hours after surgery.
  o Patient does not agree to surgery outside the inpatient hospital setting or is expected to be noncompliant with perioperative care (example: severe anxiety about receiving surgery in a nonhospital setting)

• Functional status
  o Patient unable to care for individual needs
  o Functional impairment likely to necessitate inpatient rehabilitation after surgery (example: moderate to severe myelopathy)
  o Patient is at high risk for falls

Note: The presence of medical and/or psychiatric comorbidities alone may not always justify an inpatient level of care but rather consideration should be given if poorly controlled, unstable, untreated, or anticipated to require treatment post operatively.
Surgical

- Procedures listed in Addendum E: HCPCS Codes That Would Be Paid Only as Inpatient Procedures for CY 2018 of the Centers for Medicare and Medicaid Services Hospital Outpatient Prospective Payment CMS-1678-FC. Available at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1678-FC.html?DLPage=1&DLEntries=10&DSLsort=2&DSLsortDir=descending

- Indications that are emergent and/or systemic
  - Acute trauma with fracture
  - Spinal neoplasm
  - Septic arthritis
  - Complication of inflammatory arthritis / seronegative spondyloarthropathy (SpA)

- Prolonged operative or anesthesia time (> 3 hours)
- Revision surgery
- Surgical facility does not have capability for 23-hour observation or arrangements in place for overnight hospital admission
- Discharge on the day of surgery is not likely

Selected References

4. Best, NM, Sasso, RC. Outpatient lumbar spine decompression in 233 patients 65 years of age or older. Spine. 2007;32(10):1135-9; discussion 40.
Figure 2. Outpatient CPT codes in scope for joint surgery

**Knee Arthroscopy and open procedures**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>27331</td>
<td>Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies</td>
</tr>
<tr>
<td>27332</td>
<td>Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral</td>
</tr>
<tr>
<td>27333</td>
<td>Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral</td>
</tr>
<tr>
<td>27334</td>
<td>Arthrotomy, with synovectomy, knee; anterior OR posterior</td>
</tr>
<tr>
<td>27335</td>
<td>Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area</td>
</tr>
<tr>
<td>27403</td>
<td>Arthrotomy with meniscus repair, knee</td>
</tr>
<tr>
<td>27405</td>
<td>Repair, primary, torn ligament and/or capsule, knee; collateral</td>
</tr>
<tr>
<td>27407</td>
<td>Repair, primary, torn ligament and/or capsule, knee; cruciate</td>
</tr>
<tr>
<td>27409</td>
<td>Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments</td>
</tr>
<tr>
<td>27412</td>
<td>Autologous chondrocyte implantation, knee</td>
</tr>
<tr>
<td>27415</td>
<td>Osteochondral allograft, knee, open</td>
</tr>
<tr>
<td>27416</td>
<td>Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])</td>
</tr>
<tr>
<td>27427</td>
<td>Ligamentous reconstruction (augmentation), knee; extra-articular</td>
</tr>
<tr>
<td>27428</td>
<td>Ligamentous reconstruction (augmentation), knee; intra-articular (open)</td>
</tr>
<tr>
<td>27429</td>
<td>Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular</td>
</tr>
<tr>
<td>29866</td>
<td>Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])</td>
</tr>
<tr>
<td>29867</td>
<td>Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)</td>
</tr>
<tr>
<td>29868</td>
<td>Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral</td>
</tr>
<tr>
<td>29870</td>
<td>Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)</td>
</tr>
<tr>
<td>29873</td>
<td>Arthroscopy, knee, surgical; with lateral release</td>
</tr>
<tr>
<td>29874</td>
<td>Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)</td>
</tr>
<tr>
<td>29875</td>
<td>Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)</td>
</tr>
<tr>
<td>29876</td>
<td>Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)</td>
</tr>
<tr>
<td>29877</td>
<td>Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)</td>
</tr>
<tr>
<td>29879</td>
<td>Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture</td>
</tr>
<tr>
<td>29880</td>
<td>Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed</td>
</tr>
<tr>
<td>29881</td>
<td>Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed</td>
</tr>
<tr>
<td>29882</td>
<td>Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)</td>
</tr>
<tr>
<td>29883</td>
<td>Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)</td>
</tr>
</tbody>
</table>
29884  Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885  Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886  Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887  Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888  Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889  Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction

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

**Shoulder Arthroscopy and open procedures**
23105  Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
23107  Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120  Claviculectomy; partial
23130  Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23410  Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412  Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23415  Coracoacromial ligament release, with or without acromioplasty
23420  Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430  Tenodesis of long tendon of biceps
23440  Resection or transplantation of long tendon of biceps
23450  Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455  Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460  Capsulorrhaphy, anterior, any type; with bone block
23462  Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465  Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466  Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
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
<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
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<tbody>
<tr>
<td>29821</td>
<td>Arthroscopy, shoulder, surgical; synovectomy, complete</td>
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<tr>
<td>29822</td>
<td>Arthroscopy, shoulder, surgical; debridement, limited</td>
</tr>
<tr>
<td>29823</td>
<td>Arthroscopy, shoulder, surgical; debridement, extensive</td>
</tr>
<tr>
<td>29824</td>
<td>Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)</td>
</tr>
<tr>
<td>29825</td>
<td>Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation</td>
</tr>
<tr>
<td>29826</td>
<td>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)</td>
</tr>
<tr>
<td>29827</td>
<td>Arthroscopy, shoulder, surgical; with rotator cuff repair</td>
</tr>
<tr>
<td>29828</td>
<td>Arthroscopy, shoulder, surgical; biceps tenodesis</td>
</tr>
</tbody>
</table>
# Appendix A. ASA Physical Status Classification System

<table>
<thead>
<tr>
<th>ASA PS Classification</th>
<th>Definition</th>
<th>Examples, including, but not limited to:</th>
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<tbody>
<tr>
<td>ASA I</td>
<td>A normal healthy patient</td>
<td>Healthy, non-smoking, no or minimal alcohol use</td>
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<tr>
<td>ASA II</td>
<td>A patient with mild systemic disease</td>
<td>Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 &lt; BMI &lt; 40), well-controlled DM/HTN, mild lung disease</td>
</tr>
<tr>
<td>ASA III</td>
<td>A patient with severe systemic disease</td>
<td>Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA &lt; 60 weeks, history (&gt;3 months) of MI, CVA, TIA, or CAD/stents.</td>
</tr>
<tr>
<td>ASA IV</td>
<td>A patient with severe systemic disease that is a constant threat to life</td>
<td>Examples include (but not limited to): recent (&lt;3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis</td>
</tr>
<tr>
<td>ASA V</td>
<td>A moribund patient who is not expected to survive without the operation</td>
<td>Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction</td>
</tr>
<tr>
<td>ASA VI</td>
<td>A declared brain-dead patient whose organs are being removed for donor purposes</td>
<td></td>
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</table>

*The addition of “E” denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)


## History

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<td>Independent Multispecialty Physician Panel review.</td>
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<td>Created</td>
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