Cohere Medical Policy - Shoulder Arthroscopy

Clinical Policy for Medical Necessity Review

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Important Notices

Notices & Disclaimers:

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Policy Information:

Specialty Area: Musculoskeletal Care
Policy Name: Cohere Medical Policy - Shoulder Arthroscopy
Type: [**X**] Adult (18+ yo) | [**X**] Pediatric (0-17 yo)

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Medical Necessity Criteria

Service: Shoulder Arthroscopy

Description

A shoulder arthroscopy is a minimally invasive surgical technique that may involve one or more of several procedures, including the repair of shoulder components such as the rotator cuff, labrum, ligaments, or inflamed tissue or cartilage. Through a small incision and with the aid of an arthroscope, the surgeon is able to thoroughly visualize the shoulder and treat several conditions involving the structures of the joint.[1-9]

Medical Necessity Criteria

Indications

Shoulder arthroscopy - adjunctive/soft tissue procedures is considered appropriate if **ALL** of the following are **TRUE**:

- Significant pain and/or functional impairment that impacts activities of daily living[2,6]; **AND**
- **ANY** of the following:
  - The procedure is performed as part of a medically necessary surgery (e.g., acute rotator cuff tear)[6]; **OR**
  - **ALL** of the following:
    - Failure of conservative management for greater than 3 months, including **ALL** of the following[10-16]:
      - Anti-inflammatory medications, non-opioid analgesics, or prescription medications (e.g., oral steroids, neuropathic pain medications) if not contraindicated; **AND**
      - Physical therapy, including a physician-directed home exercise program; **AND**
      - **ANY** of the following:
        - Corticosteroid injection if medically appropriate; **OR**
        - Documentation that corticosteroid injection is contraindicated; **AND**

- **ANY** of the following:
  - The procedure is a subacromial decompression and **ALL** of the following[17,18]:
    - Clinical examination findings consistent with impingement syndrome[19]; **AND**
    - Imaging (e.g., radiographs, CT, MRI) demonstrates the presence of type II/III or hooked acromium[18]; **OR**
  - The procedure is a distal clavicle resection and **ALL** of the following[6,17]:
    - Examination findings positive for acromioclavicular joint (ACJ) pain (e.g., tenderness at the ACJ, cross-body adduction, resisted ACJ extension test, Neer Impingement test, Hawkins-Kennedy impingement test); **AND**
    - Imaging findings (e.g., radiographs, CT, or MRI) demonstrate **ANY** of the following[20]:
      - Moderate to severe ACJ arthritis; **OR**
      - Inferior osteophytes impinging upon the rotator cuff; **OR**
  - The procedure is a biceps tenodesis/tenotomy and **ANY** of the following[21]:
    - Examination findings positive for biceps pain (e.g., anterior slide test, biceps load test, biceps tendon tenderness in the bicipital groove, clink test, compression rotation test, O'Brien's test, Speed's test, uppercut test, Yergason test); **OR**
    - Advanced diagnostic imaging (e.g., MRI, CT) demonstrates presence of biceps pathology (e.g., tenderness, Superior labrum anterior and posterior (SLAP) tear, biceps tendinopathy/partial tearing); **OR**
  - The procedure is a debridement and **ALL** of the following[3,17]:
    - Imaging studies (e.g., radiographs, MRI, CT) demonstrate bony and/or soft tissue pathology that correlates with symptoms and physical exam findings; **OR**
  - The procedure is a loose body removal and **ALL** of the following[17,22]:
    - Shoulder pain and mechanical symptoms (e.g., catching, locking, clicking); **AND**
    - Imaging findings (e.g., radiographs, CT, or MRI) demonstrate the presence of a loose body; **OR**
  - The procedure is a superior labrum anterior and posterior (SLAP) repair and **ALL** of the following[17,23,24]:
    - Examination findings consistent with symptomatic SLAP tear; **AND**

        - Imaging findings demonstrate a superior labral tear consistent with exam findings; **OR**
    - The procedure is a synovectomy and **ANY** of the following[25,26]:
        - History or examination consistent with symptomatic synovitis; **OR**
        - Image findings demonstrate pathological synovium.

Shoulder arthroscopy - rotator cuff repair (RCR) is considered appropriate if **ANY** of the following is **TRUE**[4,6,17,27]:

- **ALL** of the following:
    - Advanced diagnostic imaging (e.g., MRI, CT) demonstrates **ANY** of the following:
        - High-grade partial-thickness rotator cuff tear; **OR**
        - A full-thickness rotator cuff tear (Cofield classification); **AND**
    - Significant pain and/or functional impairment that impacts activities of daily living; **AND**
    - **ANY** of the following:
        - Documentation of an acute rotator cuff tear (RCT) after an inciting event or injury; **OR**
        - Documentation of a chronic RCT and **ALL** of the following[28]:
            - Failure of conservative management for greater than 6 weeks, including **ALL** of the following[29]:
                - Physical therapy, including a physician-directed home exercise program; **AND**
                - Anti-inflammatory medications, non-opioid analgesics, or prescription medications (e.g., oral steroids, neuropathic pain medications) if not contraindicated; **OR**
- The procedure is a revision of a previous rotator cuff repair and **ALL** of the following[17,30]:
    - Significant pain and/or functional impairment that impacts activities of daily living; **AND**
    - **ANY** of the following:
        - Advanced diagnostic imaging findings document a recurrent rotator cuff tear; **OR**
        - Suspected postsurgical complication.

Shoulder arthroscopy- capsular and diagnostic procedures is considered appropriate if **ANY** of the following is **TRUE**:

- The procedure is a capsular release/lysis of adhesions and **ALL** of the following[7-9,17,31]:
  - Significant loss of both active AND passive shoulder range of motion on examination; **AND**
  - Failure of conservative management for greater than 3 months, including **AT LEAST TWO** of the following:
    - Anti-inflammatory medications, non-opioid analgesics, or prescription medications (e.g., oral steroids, neuropathic pain medications) if not contraindicated; **OR**
    - Physical therapy, including a physician-directed home exercise program; **OR**
    - **ANY** of the following:
      - Corticosteroid injection if medically appropriate; **OR**
      - Documentation that corticosteroid injection is contraindicated; **AND**
  - Imaging findings (e.g., radiographs, computed tomography[CT], or magnetic resonance imaging[MRI]) do not identify any other shoulder pathology (e.g. severe arthritis, rotator cuff tear, labral tear, etc.) as the primary source of the symptoms; **AND**
  - Significant pain and/or functional impairment that impacts activities of daily living; **OR**
- The procedure is a capsulorrhaphy/labral repair for shoulder instability and **ALL** of the following[17,32-34]:
  - Documented history of traumatic or atraumatic shoulder instability/laxity (e.g., dislocation, subluxation) **AND**
  - Documented loss of shoulder function that impacts activities of daily living or demands of employment; **AND**
  - Physical examination consistent with instability (e.g. apprehension test, relocation test, load/shift test, anterior and/or posterior drawer, jerk test, or sulcus sign); **AND**
  - Advanced diagnostic imaging (e.g., MRI, CT) consistent with instability (e.g. Bankart lesion, GLAD, HAGL, Patulous/redundant capsule); **AND**
  - **ANY** of the following:
    - Acute traumatic injury less than or equal to 30 days old; **OR**
    - Failure of conservative management for greater than 3 months,

including **AT LEAST TWO** of the following:
    - Anti-inflammatory medications, non-opioid analgesics, or prescription medications (e.g., oral steroids, neuropathic pain medications) if not contraindicated; **OR**
    - Physical therapy, including a physician-directed home exercise program; **OR**
    - **ANY** of the following:
        - Corticosteroid injection if medically appropriate; **OR**
        - Documentation that corticosteroid injection is contraindicated; **OR**
- The procedure is a diagnostic arthroscopy and **ALL** of the following[9,17,30,35]:
    - Significant pain and/or functional impairment that impacts activities of daily living; **AND**
    - The patient has **ANY** of the following positive exam findings:
        - Instability; **OR**
        - Weakness; **OR**
        - Decreased range of motion; **OR**
        - Painful shoulder range of motion; **AND**
    - **ANY** of the following:
        - Synovial biopsy is required for definitive diagnosis (e.g., clinical, imaging, or laboratory findings inconclusive or arthritis etiology is unclear)[36,37]; **OR**
        - Imaging findings (e.g., radiographs, CT, or MRI) are inconclusive as to the source of shoulder pain; **AND**
    - Failure of conservative management for greater than 3 months, including **ALL** of the following[38]:
        - Anti-inflammatory medications, non-opioid analgesics, or prescription medications (e.g., oral steroids, neuropathic pain medications) if not contraindicated; **AND**
        - Physical therapy, including a physician-directed home exercise program; **AND**
        - **ANY** of the following:
            - Corticosteroid injection if medically appropriate; **OR**
            - Documentation that corticosteroid injection is contraindicated.

Non-Indications

Shoulder arthroscopy is not considered appropriate if **ANY** of the following is **TRUE**:

- Thermal capsulorrhaphy is not considered medically necessary[39]; **OR**
- Biotuberplasty, biceps sling, and superior capsular reconstruction for irreparable rotator cuff tears are considered clinically unproven and not medically necessary[40-42]; **OR**
- Arthroscopic debridement and/or removal of intra-articular loose body is not indicated in the presence of Kellgren-Lawrence grade 3 or 4 osteoarthritis[25,43,44]; **OR**
- Use of subacromial balloon spacer to treat irreparable rotator cuff tear[45,46]; **OR**
- Rotator cuff and/or labral repair in the presence of active infection (local or remote)[47]; **OR**
- Rotator cuff arthropathy.[48]

Level of Care Criteria

Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
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 multidirectional instability

23929	Unlisted procedure, shoulder
29805	Diagnostic examination of shoulder using an endoscope
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Surgical arthroscopy of shoulder with repair of SLAP lesion
29819	Removal of loose or foreign body of shoulder using an endoscope
29820	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	Surgical arthroscopy of shoulder with debridement Surgical arthroscopy of shoulder with limited debridement
29823	Surgical arthroscopy of shoulder with debridement Surgical arthroscopy of shoulder with extensive debridement
29824	Surgical arthroscopy of shoulder with distal claviculectomy
29825	Surgical arthroscopy of shoulder with lysis and resection of adhesions Surgical arthroscopy of shoulder with lysis and resection of adhesions with 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	Surgical arthroscopy of shoulder with repair of rotator cuff
29828	Surgical arthroscopy of shoulder with biceps

	tenodesis
29999	Unlisted procedure, arthroscopy
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed
S2300	Arthroscopy, shoulder, surgical; with thermally-induced Not Covered capsulorrhaphy

Disclaimer: S Codes are non-covered per CMS guidelines due to their experimental or investigational nature.

Medical Evidence

Kim et al. (2021) examined the predominance of arthroscopic distal clavicle excision procedures, specifically those using a fluoroscopic Kirchner wire guide. The technical aspects of the procedure were described, and the group concluded that using the fluoroscopic wire leads to surgical success, particularly in new orthopedic surgeons, as the distal clavicle excision is a technically demanding procedure due to visualization difficulties. They state that open distal clavicle excision remains the gold standard procedure for acromioclavicular joint arthritis.[20]

Redler et al. (2019) examined the literature related to treating adhesive capsulitis of the shoulder, with a discussion of the higher incidence of the diagnosis in diabetic patients, particularly those with long-standing, poorly controlled disease. Hyperthyroidism was determined in studies to be an independent risk factor for developing adhesive capsulitis. The authors preferred surgical technique post-nonsurgical interventions, including both anterior and posterior capsular release with rotator interval release and release of the coracohumeral ligament.[8]

Optimal management of glenohumeral osteoarthritis was reviewed by Ansok et al. (2018), concluding that initial conservative treatment includes the use of viscosupplementation or corticosteroid injections. The age and function of the affected patient should determine the necessity of operative treatment, and operative treatment of young individuals with glenohumeral osteoarthritis remains controversial. Younger, more active patients do benefit from non-arthroplasty techniques or procedures with minimal bone resection.[50]

Millett et al. (2018) examined the options for treating young, active patients with primary glenohumeral osteoarthritis, stating that arthroplasty may not be ideal in that population. They state that clinical studies report arthroscopic approaches for procedures such as synovectomy, chondroplasty, loose body removal, capsular release, and biceps tenodesis may improve clinical outcomes. It is concluded that arthroscopic management of glenohumeral osteoarthritis has numerous advantages over total shoulder arthroplasty; however, additional larger studies are needed.[25]

The American Academy of Orthopaedic Surgeons (AAOS) has published the following clinical guidelines related to shoulder arthroscopy:

- *Management of Glenohumeral Osteoarthritis* (2020): Arthroscopic debridement with capsular release is recommended for young patients with glenohumeral joint osteoarthritis.[2]
- *Management of Rotator Cuff Injuries* (2019): Moderate strength evidence does not support the routine use of acromioplasty as adjunct treatment compared to arthroscopic repair alone. A strong recommendation was given for arthroscopic-only technique for better short-term improvement compared to open repair. For unrepairable tears without arthropathy, various arthroscopic treatments received a consensus recommendation.[6]

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Clinical Guideline Revision History/Information

Original Date: May 22, 2024		
Review History		
Version 2	10/13/2023	Policy criteria reviewed and updated per medical literature
Version 3	12/29/2023	Policy criteria reviewed and updated per medical literature
Version 4	2/26/2024	Policy criteria reviewed and updated per medical literature
Version 5	5/29/2025	Annual review Corrected Errors in references/added new references Added codes 23450-23466 (Capsulorrhaphy) Reorganized criteria Specified that thermal capsulorrhaphy is non-indicated Added non-indication for Biotuberplasty, biceps sling, and superior capsular reconstruction for irreparable rotator cuff tears