Cohere Medical Policy - Miscellaneous Musculoskeletal Procedures

Clinical Guidelines for Medical Necessity Review

Version: 1
Effective Date: June 26, 2025

Important Notices

Notices & Disclaimers:

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Other Notices:

Policy Information:

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

Table of Contents

Medical Necessity Criteria

Service: Miscellaneous Musculoskeletal Procedures

Description

This policy focuses on miscellaneous musculoskeletal services/procedures. Services/procedures are covered when the patient meets medically necessary criteria as defined by the Centers for Medicare & Medicaid Services (CMS), national society guidelines, and medical literature. Non-covered services/procedures are denied when considered not medically necessary or when it is a defined exclusion.

Medical Necessity Criteria

Indications

Capsulectomy or capsulotomy (hip) (CPT 27036) is considered appropriate if **ANY** of the following is **TRUE**:

- Need for surgical access to the hip joint (e.g., biopsy, implant placement).[1-3]

Removal of a foreign body in the thigh or knee (CPT 27372) is considered appropriate if **ALL** of the following are **TRUE**:

- Imaging demonstrates **ANY** of the following:
  - Acute, post-traumatic, intra-articular, or soft tissue foreign body (an object that was inserted or migrated into the joint during the injury or surgical event); **OR**
  - Chronic foreign body in the soft tissue; **AND**
- Foreign body noted on exam or imaging.

Non-Indications

Capsulectomy or capsulotomy (hip) (CPT 27036) is not considered appropriate if **ANY** of the following is **TRUE**:

- Infection; **OR**
- Loose body removal[4]; **OR**

- Pathological synovium or process requiring biopsy; **OR**
- Large, irreparable labral tears when there is a risk of postoperative anterior hip instability[2]; **OR**
- Iatrogenic instability.[3]

Removal of a foreign body in the thigh or knee (CPT 27372) is not considered appropriate if **ANY** of the following is **TRUE**:

- Chronic stable foreign body without symptoms.

Level of Care Criteria

Inpatient or Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (i.e., gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)
27372	Removal of foreign body, deep, thigh region or knee area

Medical Evidence

Capsulectomy or Capsulotomy (Hip)
Bakshi et al. (2017) noted that capsulotomy or partial capsulectomy is routinely performed during hip arthroscopy to eliminate potential barriers that may impede the surgeon.[2] Wach et al. (2022) performed a study to quantify capsulotomies with respect to resistance and outcomes for high-risk patients who underwent repairs for dislocations (anterior and posterior). Results of the study indicated "a decrease in capsular resistive torque in the posterior at-risk dislocation condition, but the interportal incision had no effect".[5] Abrams et al. (2015) analyzed hip rotation following capsulotomy, capsulectomy, and capsular repair. Notably, external rotation increased with capsulectomy and T-capsulotomy.[6]

Removal of a Foreign Body in the Thigh or Knee
Spinnato et al. (2022) noted the importance of the removal of a foreign body to reduce the risk of infection (e.g., cellulitis, soft tissue abscess). The authors also noted the role of imaging in locating a foreign body.[7] Jarraya et al. (2014) stated that MRI is less commonly utilized than other imaging modalities, however, MRI is beneficial for complicated and chronic foreign bodies.[8] Davis et al. (2015) noted that ultrasonography is very specific for the identification of foreign bodies in soft tissue. A detailed view of the anatomy is crucial to ensure that the foreign body does not move or cause additional damage.[9]

References

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Clinical Guideline Revision History/Information

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