Cohere Medicare Advantage Policy - Miscellaneous Musculoskeletal Procedures

Clinical Policy for Medical Necessity Review

Version: 1
Effective Date: June 26, 2025

Important Notices

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Policy Information:

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

Table of Contents

Medical Necessity Criteria

Service: Miscellaneous Musculoskeletal Procedures

Related CMS Documents

Please refer to the CMS Medicare Coverage Database for the most current applicable CMS National Coverage.

- There are no applicable NCDs and/or LCDs for the following:
  - Capsulectomy or capsulotomy (hip) (CPT 27036)
  - Removal of a foreign body in the thigh or knee (CPT 27372)

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

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

Evaluation of Clinical Harms and Benefits

Clinical determinations for Medicare Advantage beneficiaries are made in accordance with 42 CFR 422.101 guidance outlining CMS's required approach to decision hierarchy in the setting of NCDs/LCDs identified as being "not fully established". When clinical coverage criteria are "not fully established" Medicare Advantage organizations are instructed to create publicly accessible clinical coverage criteria based on widely-accepted clinical guidelines and/or scientific studies backed by a robust clinical evidence base. Clinical coverage criteria provided by Cohere Health in this manner include coverage rationale and risk/benefit analysis.

The potential clinical harms of using these criteria for **capsulectomy or capsulotomy (hip)** may include:

- Adverse effects from delayed or denied treatment include progression of joint damage and continued pain. In addition, not performing the surgery can impede visualization of the anatomy while performing a procedure, such as hip arthroscopy.[2]

The clinical benefits of using these criteria for **capsulectomy or capsulotomy (hip)** may include:

- Improved patient selection results in better long-term outcomes, such as increased hip rotation and flexibility.[6]
- Appropriate allocation of healthcare resources at the individual beneficiary and population levels.

The potential clinical harms of using these criteria for **removal of a foreign body in the thigh or knee** may include:

- Adverse effects from delayed or denied treatment include increased pain and tissue damage. Depending on the location, the patient may have limited mobility and function. Infection (including cellulitis and soft tissue abscess) is the most common complication, while deeper infections such as osteomyelitis and septic arthritis, are less common.[7]

The clinical benefits of using these criteria for the **removal of a foreign body in the thigh or knee** may include:

- Improved patient selection results in better long-term outcomes, such as pain relief, improved function or mobility, and improved healing.
- Appropriate allocation of healthcare resources at the individual beneficiary and population levels.

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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