

# Joint Procedures

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[Instructions for Use](#)

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## Coverage Rationale

### Surgery of the Hip

Medicare does not have a National Coverage Determination (NCD) for surgery of the hip. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) 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](#).

### ***Acetabuloplasty: Resection of the Femoral Head (e.g., Girdlestone Procedure)***

Medicare does not have an NCD for acetabuloplasty; resection of the femoral head (e.g., Girdlestone procedure). LCDs/LCAs do not exist.

**For coverage guidelines,** refer to InterQual® CP: Procedures, Arthrotomy, Hip.

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

### ***Bioinductive Collagen Implant (i.e., Regeneten patch)***

Medicare does not have an NCD for bioinductive collagen implant (i.e., Regeneten patch). LCDs/LCAs do not exist.

**For coverage guidelines,** refer to the UnitedHealthcare Commercial Medical Policy titled [Omnibus Codes](#).

### ***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 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 Foot**

### ***Arthrodesis or Arthroplasty, Interphalangeal Joint, Second-Fifth Toes***

Medicare does not have an NCD for arthrodesis or arthroplasty, interphalangeal joint, second-fifth toes. LCDs/LCAs do not exist.

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

## **Surgery of the Hand or Wrist**

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

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

## **Surgery of the Elbow**

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

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

### ***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 InterQual® CP: Procedures, Ulnar Nerve Decompression or Transposition, Elbow.

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

## **Surgery of the Shoulder**

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

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

### ***Arthroscopic Thermal Capsulorrhaphy, Shoulder***

Medicare does not have an NCD for arthroscopic thermal capsulorrhaphy, shoulder. LCDs/LCAs do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Omnibus Codes](#).

### ***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](#).

### ***Tenotomy Utilizing the TenJet™ Device for the Treatment of Rotator Cuff Tendinopathy***

Medicare does not have an NCD for tenotomy utilizing the TenJet™ device for the treatment of rotator cuff tendinopathy. LCDs/LCAs do not exist.

For coverage guidelines, refer to the coverage rationale below.

Tenotomy utilizing the TenJet™ device is not reasonable and necessary for the treatment of rotator cuff tendinopathy due to insufficient evidence of safety and/or efficacy.

## 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
<b>Surgery of the Hip</b>	
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
27299	Unlisted procedure, pelvis or hip joint [when used to report the Regeneten patch]
29999	Unlisted procedure, arthroscopy [when used to report the Regeneten patch]
<b>Femoroacetabular Impingement (FAI) Syndrome</b>	
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
<b>Surgery of the Knee</b>	
27412	Autologous chondrocyte implantation, knee
27415	Osteochondral allograft, knee, open
27416	Osteochondral autograft(s), knee, open (e.g., mosaicplasty) (includes harvesting of autograft[s])
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
<b>Surgery of the Ankle</b>	
28446	Open osteochondral autograft, talus (includes obtaining graft[s]) [Refer to the UnitedHealthcare Commercial Medical Policy titled <a href="#">Surgery of the Ankle</a> ]
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect

CPT Code	Description
<b>Surgery of the Ankle</b>	
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
<b>Arthrodesis or Arthroplasty, Interphalangeal Joint, Second-Fifth Toes</b>	
28899	Unlisted procedure, foot or toes
<b>Surgery of the Hand or Wrist</b>	
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
<b>Endoscopic Cubital Tunnel Release, Elbow</b>	
29999	Unlisted procedure, arthroscopy
<b>Surgery of the Elbow</b>	
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
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
<b>Surgery of the Shoulder</b>	
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement) (e.g., total shoulder)
<b>Arthroscopic Thermal Capsulorrhaphy, Shoulder</b>	
29999	Unlisted procedure, arthroscopy
<b>Subacromial Balloon Spacers for the Treatment of Rotator Cuff Tears</b>	
29999	Unlisted procedure, arthroscopy
<b>Tenotomy Utilizing the TenJet™ Device for the Treatment of Rotator Cuff Tendinopathy</b>	
23929	Unlisted procedure, shoulder

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HCPCS Code	Description
<b>Surgery of the Knee</b>	
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
<b>Surgery of the Hip</b>				
N/A	<a href="#">L33618 Major Joint Replacement (Hip and Knee)</a>	<a href="#">A57765 Billing and Coding: Major Joint Replacement (Hip and Knee)</a>	Part A and B MAC	First Coast
	<a href="#">L36039 Total Joint Arthroplasty</a>	<a href="#">A57428 Billing and Coding: Total Joint Arthroplasty</a>	Part A and B MAC	NGS
	<a href="#">L34163 Total Hip Arthroplasty</a>	<a href="#">A57683 Billing and Coding: Total Hip Arthroplasty</a>	Part A and B MAC	Noridian
	<a href="#">L36573 Total Hip Arthroplasty</a> <b>Retired 11/06/2025</b> See L34163	<a href="#">A57684 Billing and Coding: Total Hip Arthroplasty</a> <b>Retired 11/06/2025</b> See A57683	Part A and B MAC	Noridian
	<a href="#">L36007 Lower Extremity Major Joint Replacement (Hip and Knee)</a>	<a href="#">A56796 Billing and Coding: Lower Extremity Major Joint Replacement (Hip and Knee)</a>	Part A and B MAC	Novitas**
	<a href="#">L33456 Total Joint Arthroplasty</a>	<a href="#">A56777 Billing and Coding: Total Joint Arthroplasty</a>	Part A and B MAC	Palmetto**
	<a href="#">L39911 Total Joint Arthroplasty</a>	<a href="#">A59811 Billing and Coding: Total Joint Arthroplasty</a>	Part A and B MAC	WPS*
<b>Surgery of the Knee</b>				
N/A	<a href="#">L33618 Major Joint Replacement (Hip and Knee)</a>	<a href="#">A57765 Billing and Coding: Major Joint Replacement (Hip and Knee)</a>	Part A and B MAC	First Coast
	<a href="#">L36039 Total Joint Arthroplasty</a>	<a href="#">A57428 Billing and Coding: Total Joint Arthroplasty</a>	Part A and B MAC	NGS
	<a href="#">L36577 Total Knee Arthroplasty</a> <b>Retired 11/06/2025</b> See L36575	<a href="#">A57686 Billing and Coding: Total Knee Arthroplasty</a> <b>Retired 11/06/2025</b> See A57685	Part A and B MAC	Noridian
	<a href="#">L36575 Total Knee Arthroplasty</a>	<a href="#">A57685 Billing and Coding: Total Knee Arthroplasty</a>	Part A and B MAC	Noridian
	<a href="#">L36007 Lower Extremity Major Joint Replacement (Hip and Knee)</a>	<a href="#">A56796 Billing and Coding: Lower Extremity Major Joint Replacement (Hip and Knee)</a>	Part A and B MAC	Novitas**
	<a href="#">L33456 Total Joint Arthroplasty</a>	<a href="#">A56777 Billing and Coding: Total Joint Arthroplasty</a>	Part A and B MAC	Palmetto**

NCD	LCD	LCA	Contractor Type	Contractor Name
<b>Surgery of the Knee</b>				
N/A	<a href="#">L39911 Total Joint Arthroplasty</a>	<a href="#">A59811 Billing and Coding: Total Joint Arthroplasty</a>	Part A and B MAC	WPS*
<b>Surgery of the Shoulder</b>				
N/A	<a href="#">L39956 Total Shoulder Arthroplasty</a>	<a href="#">A59878 Billing and Coding: Total Shoulder Arthroplasty</a>	Part A and B MAC	Palmetto**

<b>Medicare Administrative Contractor (MAC) With Corresponding States/Territories</b>	
<b>MAC Name (Abbreviation)</b>	<b>States/Territories</b>
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
<b>Notes</b>	
*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.	

## Clinical Evidence

### Tenotomy Utilizing the TenJet™ Device for the Treatment of Rotator Cuff Tendinopathy

The TenJet system utilizes high-pressure saline delivered through a 2-channel, 12-gauge needle with a 1.5 mm cutting window to debride tendinopathic tissue (Maag, 2025).

**A review of current literature shows insufficient clinical evidence supporting the safety and effectiveness of tenotomy utilizing the TenJet™ device for the treatment of rotator cuff tendinopathy.**

Maag et al (2025) conducted a systematic review to evaluate the efficacy of ultrasound-guided percutaneous needle tenotomy (PNT), TENEX (percutaneous ultrasonic tenotomy), and TENJET (high pressure saline jet tenotomy) for the treatment of tendinopathy. Fourteen studies used TENEX and six used PNT. However, no studies using the TenJet device met the inclusion criteria. The authors indicated that while most studies involve treatment of the lateral elbow, medial elbow, and gluteal tendons, higher quality studies in a greater number of body regions would be useful.

## U.S. Food and Drug Administration (FDA)

The U.S. Food and Drug Administration (FDA) has cleared the TenJet Device under its 510(k) Premarket Notification process. Refer to the following website for information using product code OVB, or device name: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>.

## References

Maag L, Linder S, Hackett L, et al. Effectiveness of percutaneous needle tenotomy for tendinopathies: a systematic review. Sports Health. 2025 Jul;17(4):834-842.

## Policy History/Revision Information

Date	Summary of Changes
06/01/2026	<p><b>Coverage Rationale</b></p> <p><b><i>Surgery of the Hip</i></b></p> <p>Bioinductive Collagen Implant (i.e., Regeneten Patch)</p> <ul style="list-style-type: none"><li>Added language to indicate:<ul style="list-style-type: none"><li>Medicare does not have a National Coverage Determination (NCD) for bioinductive collagen implant (i.e., Regeneten patch)</li><li>Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist</li><li>For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i></li></ul></li></ul> <p><b><i>Surgery of the Shoulder</i></b></p> <p>Arthroscopic Thermal Capsulorrhaphy, Shoulder</p> <ul style="list-style-type: none"><li>Added language to indicate:<ul style="list-style-type: none"><li>Medicare does not have an NCD for arthroscopic thermal capsulorrhaphy, shoulder</li><li>LCDs/LCAs do not exist</li><li>For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i></li></ul></li></ul> <p><b>Applicable Codes</b></p> <p><b><i>CPT Codes</i></b></p> <p>For Surgery of the Hip</p> <ul style="list-style-type: none"><li>Added 27299 and 29999</li></ul> <p>For Arthroscopic Thermal Capsulorrhaphy, Shoulder</p> <ul style="list-style-type: none"><li>Added 29999</li></ul> <p><b>Centers for Medicare and Medicaid Services (CMS) Related Documents</b></p> <ul style="list-style-type: none"><li>Updated list of documents available in the <i>Medicare Coverage Database</i> to reflect the most current information</li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Archived previous policy version MMP052.12</li></ul>

## 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, 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.