

Surgery of the Elbow (for Indiana Only)

Policy Number: CS341IN.02
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[Instructions for Use](#)

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Related Policies
None

Application

This Medical Policy only applies to the state of Indiana.

Coverage Rationale

Surgery of the elbow is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release, CP: Procedures:

- Arthroscopy, Diagnostic, +/- Synovial Biopsy, Elbow
- Arthroplasty, Removal or Revision, Elbow
- Arthroscopy, Surgical, Elbow
- Joint Replacement, Elbow

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

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. Benefit coverage for health services is determined by federal, state, or contractual requirements 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
Arthroscopy, Diagnostic, +/- Synovial Biopsy, Elbow	
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
Arthroscopy, Surgical, Elbow	
29834	Arthroscopy, elbow, surgical, with removal of loose body or foreign body
29837	Arthroscopy, elbow, surgical, debridement, limited
29838	Arthroscopy, elbow, surgical, debridement, extensive

CPT Code	Description
Arthroplasty, Joint Replacement, Elbow	
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
24366	Arthroplasty, radial head; with implant
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component

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U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Surgeries of the elbow are procedures and, therefore, not regulated by the FDA. However, devices and instruments used during the surgery may require FDA approval. See the following website for additional information:

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnmn.cfm>. (Accessed March 2, 2021)

Policy History/Revision Information

Date	Summary of Changes
07/01/2021	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Replaced reference to “InterQual® 2020” with “InterQual® 2021” <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version CS341IN.01

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.