

# Surgery of the Elbow

Policy Number: CS033.P  
Effective Date: July 1, 2022

[Instructions for Use](#)

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## Application

This Medical Policy does not apply to the states listed below; refer to the state-specific policy/guideline, if noted:

State	Policy/Guideline
Indiana	<a href="#">Surgery of the Elbow (for Indiana Only)</a>
Kentucky	<a href="#">Surgery of the Elbow (for Kentucky Only)</a>
Louisiana	<a href="#">Elbow Replacement Surgery (Arthroplasty) (for Louisiana Only)</a>
Nebraska	<a href="#">Surgery of the Elbow (for Nebraska Only)</a>
New Jersey	<a href="#">Surgery of the Elbow (for New Jersey Only)</a>
Pennsylvania	<a href="#">Surgery of the Elbow (for Pennsylvania Only)</a>
Tennessee	<a href="#">Surgery of Elbow (for Tennessee Only)</a>

## Coverage Rationale

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

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

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

## Documentation Requirements

Medical notes documenting the following, when applicable:

- Upon request, we may require the specific diagnostic image(s) that show the abnormality for which surgery is being requested, which may include MRI, CT scan, X-ray, and/or bone scan; consultation with requesting surgeon may be of benefit to select the optimal images
  - Note: Diagnostic images must be labeled with:
    - The date taken

- Applicable case number obtained at time of notification, or member’s name and ID number on the image(s)
- Submission of diagnostic imaging is required via the external portal at [www.uhcprovider.com/paan](http://www.uhcprovider.com/paan); faxes will not be accepted
- Reports of all recent imaging studies and applicable diagnostic tests)
  - Microbiological findings
  - Synovial fluid exam
  - Erythrocyte sedimentation rate (ESR)
  - C-reactive protein (CRP)
- Condition requiring procedure
- Pertinent physical examination of the relevant joint
- Pain severity, circadian patterns of pain, location of pain, and details of functional disability(ies) interfering with activities of daily living (preparing meals, dressing, driving)
- Prior therapies/ treatments tried, failed, or contraindicated. Include the dates and reason for discontinuation
- Date of previous failed surgery to the same joint, if applicable
- Physician’s treatment plan, including pre-op discussion
- For revision surgery, also include:
  - Details of complication
  - Complete (staged) surgical plan

## 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
<b>Arthroscopy, Surgical, Elbow</b>	
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
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>Arthroplasty, Joint Replacement, 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
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. Refer to the following website for additional information:

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed October 27, 2021)

## Policy History/Revision Information

Date	Summary of Changes
07/01/2022	<p data-bbox="337 499 488 533"><b>Application</b></p> <p data-bbox="337 533 737 567"><i>Mississippi and North Carolina</i></p> <ul data-bbox="337 567 1458 634" style="list-style-type: none"><li data-bbox="337 567 1458 634">● Updated language to indicate this Medical Policy applies to the states of Mississippi and North Carolina (retired state-specific policy versions)</li></ul> <p data-bbox="337 634 639 667"><b>Supporting Information</b></p> <ul data-bbox="337 667 862 701" style="list-style-type: none"><li data-bbox="337 667 862 701">● Archived previous policy version CS033.O</li></ul>

## 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<sup>®</sup> 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.