

# Core Decompression for Avascular Necrosis of the Knee, Ankle, Elbow and Shoulder

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<u>Coverage Policy</u>	Surgical 214
<u>Version</u>	3

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details.\*.**

### Purpose:

This policy addresses Core Decompression for Avascular Necrosis of the Knee, Ankle, Elbow and Shoulder surgery.

- For Hip Core Decompression, refer to Milliman (MCG) Guidelines.

### Description & Definitions:

**Core decompression** consists of drilling one or more small channels into the dead bone to decrease pressure within the bone by restoring blood flow.

### Criteria:

Core Decompression for Avascular Necrosis of the Knee, Ankle, Elbow and Shoulder is considered **not medically necessary** for any indication.

### Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
23929	Unlisted procedure, shoulder
24999	Unlisted procedure, humerus or elbow

27599	Unlisted procedure, femur or knee
27899	Unlisted procedure, leg or ankle

U.S. Food and Drug Administration (FDA) - approved only products only.

## Document History:

### Revised Dates:

- 2021: December
- 2020: February
- 2019: November

### Reviewed Dates:

- 2023: September
- 2022: September

### Effective Date:

- November 2018

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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(2023). Retrieved Aug 28, 2023, from CMS: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Core+Decompression&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MC,6,3,5,1,F,P&contractOption=all>

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<https://login.auth.aaos.org/signon?environmentId=e135348e-3cef-47c6-b3bc-573a913e9479&flowId=00d104d7-d49a-4e15-a858-ed169013fed2>

### Special Notes: \*

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

### Keywords:

Core Decompression for Avascular Necrosis, SHP Surgical 214, drilling, bone, bone destruction, osteonecrosis, diseased tissue