

Core Decompression of the Knee, Ankle, Elbow and Shoulder, Surgical 214

Table of Content

- [Description & Definitions](#)
- [Criteria](#)
- [Document History](#)
- [Coding](#)
- [Special Notes](#)
- [References](#)
- [Keywords](#)

<u>Effective Date</u>	1/1/2026
<u>Next Review Date</u>	9/2026
<u>Coverage Policy</u>	Surgical 214
<u>Version</u>	6

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

Description & Definitions:

Core decompression consists of drilling one or more small channels into the dead bone to decrease pressure, restoring blood flow and stimulating new bone growth.

Criteria:

Core decompression is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Knee
- Ankle
- Elbow
- Shoulder

Document History:

Revised Dates:

- 2025: September – Implementation date of January 1, 2026. Annual review completed, no changes to criteria, updated to title and policy formatting.
- 2025: January – Procedure coding updated to align with service authorization changes.
- 2021: December
- 2020: February
- 2019: November

Reviewed Dates:

- 2024: September – no changes references updated
- 2023: September
- 2022: September

Origination Date: November 2018

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.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Special Notes: *

- Coverage:
 - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products:
 - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements:
 - Pre-certification by the Plan is required.
- Special Notes:
 - Commercial
 - 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.

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).

(2025). Retrieved 8 2025, from CMS: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Core%20Decompression&keywordType=all&areaid=all&docType=NCA,CAL,NCD,MEDCA,C,TA,MCD,6,3,5,1,F,P&contractOption=all&smartSearch=N&sortBy=relevance>

(2025). Retrieved 6 2025, from MCG: <https://careweb.careguidelines.com/ed29/index.html>

(2025). Retrieved 8 2025, from Hayes: <https://evidence.hayesinc.com/search?q=%257B%2522text%2522%2522Core%2520Decompression%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources>

(2025). Retrieved 8 2025, from NCCN: https://www.nccn.org/guidelines/category_1

(2025). Retrieved 8 2025, from American Academy of Orthopaedic Surgeons (AAOS):
<https://www.aaos.org/search/?q=Core&wst=867b245d187a3c5c4ef5ee723ed2c519>

Carelon. (2025, 1). Retrieved 8 2025, from Anthem:
<https://guidelines.carelonmedicalbenefitsmanagement.com/joint-surgery-2024-11-17-updated-2025-01-01/>

Core Decompression. (2025). Retrieved 8 2025, from UpToDate:
https://www.uptodate.com/contents/search?search=Core%20Decompression&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&autoComplete=false

Keywords:

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