This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

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

MCG Health Ambulatory Care 26th Edition

AUTH: SHP Surgical 214 v2 (AC)

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#### Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

#### **Application to Products**

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- · Policy is applicable to all products.
- For Hip Core Decompression, refer to Milliman Guidelines.

## **Authorization Requirements**

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Pre-certification by the Plan is required.

# **Description of Item or Service**

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

## Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of this service for joints including but not limited to the ankle, the elbow, the knee and the shoulder as it is not shown to improve health outcomes upon technology review.

### Clinical Indications for Procedure

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• NA

## **Document History**

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- · Revised Dates:
  - · 2021: December
  - 2020: February2019: November
- Reviewed Dates:
  - 2022: September
- Effective Date: November 2018

# **Coding Information**

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- CPT/HCPCS codes covered if policy criteria is met:
  - None
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - · CPT 23929 Unlisted procedure, shoulder
  - CPT 24999 Unlisted procedure, humerus or elbow
  - CPT 27599 Unlisted procedure, femur or knee
  - CPT 27899 Unlisted procedure, leg or ankle

#### References

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References used include but are not limited to the following:

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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