Thermal Capsulorrhaphy, Surgical 86

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Effective Date	3/2008
Next Review Date	1/2026
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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

Thermal Capsulorrhaphy is uses a device that sends heated energy to tissue to shrink it.

Criteria:

There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

Document History:

Revised Dates:

- 2020: January
- 2014: October

Reviewed Dates:

- 2024: January – no changes references updated
- 2023: January
- 2022: January
- 2021: January
- 2018: March
- 2017: January
- 2015: May
- 2014: May
- 2013: May
- 2012: May
- 2011: May
- 2010: March
- 2009: March

Effective Date:

- March 2008

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
29999	Unlisted procedure, arthroscopy
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy

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.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
    - For Sinuva (J7402) coverage use pharmacy prior authorization form for criteria.
- Application to Products: Policy is applicable to Sentara Health Plan Commercial products.
- Authorization Requirements: Pre-certification by the Plan is required.
- 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.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2024). Retrieved 12 2024, from DMAS: https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library

28th Edition. (2024). Retrieved 12 2024, from MCG: https://careweb.careguidelines.com/ed28/index.html

(2024). Retrieved 12 2024, from American Academy of Orthopaedic Surgeons (AAOS): https://www.aaos.org/search/?q=Thermal+capsulorrhaphy

LCD: Billing and Coding: Thermal Capsulorrhaphy A53435. (2023). Retrieved 12 2024, from CMS Local Coverage Determination (LCD): https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=53435&ver=11&bc=0

Multidirectional instability of the shoulder. (2024, 11). Retrieved 12 2024, from UpToDate: https://www.uptodate.com/contents/multidirectional-instability-of-the-shoulder?search=thermal%20capsular%20shrinkage&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1#H16

Thermal Capsulorrhaphy for Shoulder Instability. (2010). Retrieved 12 2024, from Hayes: https://evidence.hayesinc.com/report/dir.ther0005

Keywords:

Thermal Capsulorrhaphy, SHP Surgical 86, thermally-induced capsulorrhaphy, thermal arthroscopy or thermal capsular shrinkage (TCS), electrothermal arthroscopy, Thermal capsulorrhaphy (TC)