

# Shoulder-Elbow Joint Resurfacing Arthroplasty with Allograft Tissue, Surgical 111

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**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:

Resurfacing is leaving the patient's native surface intact and you are replacing a superficial layer.

A revision of the joint involves total joint replacement where you are replacing one or both ends of the joint.

Shoulder or elbow resurfacing arthroplasty is a surgical procedure used as an alternative to total replacement. With this procedure, you are leaving the patient's native surface intact and replacing a superficial layer of it.

Allograft refers to tissue from a donor of the same species.

## Criteria:

Shoulder/Elbow Joint Resurfacing Arthroplasty with Allograft Tissue is considered **not medically necessary** for any indication, as the current role remains uncertain, based on review of existing evidence.

## Document History:

Revised Dates:

- 2025: January – added CPT codes 23473, 23474. No changes to criteria.
- 2024: January
- 2020: January
- 2016: May
- 2015: January
- 2012: January
- 2011: January
- 2010: January, February

- 2009: January, March
- 2008: January
- 2006: August
- 2004: May (taken out of archive)
- 1999: November (archived)

Reviewed Dates:

- 2023: January
- 2022: January
- 2021: January
- 2020: January
- 2018: June, November
- 2017: December
- 2014: February
- 2013: February
- 2012: February
- 2005: February, December
- 2003: June, July, October
- 1998: November
- 1996: September

Effective Date:

- September 1994

Coding:

Medically necessary with criteria:

Coding	Description
	None

### Considered Not Medically Necessary:

Coding	Description
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
23929	Unlisted procedure, shoulder
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
24999	Unlisted procedure, humerus or elbow

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.
- Application to products: Policy is applicable to Sentara Health Plan Medicare products.
- Authorization requirements: Pre-certification by the Plan is required.
- Special Notes:
  - Medicare:
    - This medical policy expresses Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - 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.

### References:

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## Keywords:

Shoulder/Elbow Joint Resurfacing Arthroplasty with Allograft Tissue, SHP Surgical 111, replacement, superficial layer, joint reconstruction, joint replacement, donor tissue, resurfacing, revision, elbow, shoulder, New arthroscopic biologic shoulder resurfacing