

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

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<a href="#">Effective Date</a>	9/1994
<a href="#">Next Review Date</a>	1/2026
<a href="#">Coverage Policy</a>	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 <sup>\*</sup>.**

## 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 Sentra 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:

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

Federal Register. Journal of the United States Government. Recommendations To Reduce the Risk of Transmission of Mycobacterium Tuberculosis by Human Cells, Tissues, and Cellular and Tissue-Based Products; Guidance for Industry; Availability. 1.7.2025. Retrieved 1.13.2025.

<https://www.federalregister.gov/documents/2025/01/07/2024-31544/recommendations-to-reduce-the-risk-of-transmission-of-mycobacterium-tuberculosis-by-human-cells>

US Food and Drug Administration. FDA.gov. Recommendations for Determining Eligibility of Donors of Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps). 1.7.2025. Retrieved 1.13.2025.

<https://www.fda.gov/regulatory-information/search-fda-guidance-documents/recommendations-determining-eligibility-donors-human-cells-tissues-and-cellular-and-tissue-based>

Hayes. A symplr Company. 1. Evolving Evidence Review: Annual Review: Jul 17, 2024. GraftJacket Now (Stryker) for Shoulder Surgeries. Retrieved 1.14.2025. <https://evidence.hayesinc.com/report/eer.graftjacket5572>

Centers for Medicare and Medicaid Services. CMS.gov. Retrieved 1.14.2025.

<https://www.cms.gov/search/cms?keys=24370>

MCG. Informed Care Strategies. 28<sup>th</sup> Edition. 2024. Elbow Arthroplasty. ORG: S-420 (ISC). Retrieved 1.14.2025.

<https://careweb.careguidelines.com/ed28/index.html>

MCG. Informed Care Strategies. 28<sup>th</sup> Edition. 2024. Shoulder Arthroplasty. ORG: S-634 (ISC). Retrieved 1.14.2025.

<https://careweb.careguidelines.com/ed28/index.html>

Commonwealth of Virginia. Department of Medical Assistance Services. DMAS.gov. Retrieved 1.14.2025.

[https://vamedicaid.dmas.virginia.gov/pdf\\_chapter/practitioner#gsc.tab=0&gsc.q=arthroplasty&gsc.sort=](https://vamedicaid.dmas.virginia.gov/pdf_chapter/practitioner#gsc.tab=0&gsc.q=arthroplasty&gsc.sort=)

National Comprehensive Cancer Network. NCCN.org. Retrieved 1.14.2025. <https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=arthroplasty>

Carelon. Clinical Appropriateness Guidelines Musculoskeletal Appropriate Use Criteria: Joint Surgery. 11.17.2024.

Retrieved 1.14.2025. <https://guidelines.carelonmedicalbenefitsmanagement.com/wp-content/uploads/2024/08/pdf-Joint-Surgery-2024-11-17.pdf>

American Shoulder and Elbow Surgeons. 2024. Management of proximal humerus bone loss with allograft prosthetic composite technique in shoulder arthroplasty. June 2024. Retrieved 11.14.2025.

[https://www.jshoulderelbow.org/article/S1058-2746\(23\)00816-9/fulltext](https://www.jshoulderelbow.org/article/S1058-2746(23)00816-9/fulltext)

PubMed. Prigmore, B., Tabbaa, S., & Crawford, D. C. (2024). Osteochondral Allograft Transplantation in the Shoulder: A Systematic Review of Indications and Outcomes. *Cartilage*, 15(3), 219–228. Retrieved 11.14.2025.

<https://doi.org/10.1177/19476035231205678>

PubMed. Samuelson, B., Grantham, W. J., Goldenberg, B., Dey Hazra, R. O., Dey Hazra, M. E., Hanson, J. A., & Millett, P. J. (2023). Capitellum Osteochondral Allograft Transplantation for Osteochondritis Dissecans of the Elbow. *The Journal of hand surgery*, 48(11), 1165.e1–1165.e6. Retrieved 1.14.2025.

<https://doi.org/10.1016/j.jhsa.2023.01.020>

## 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