

Shoulder-Elbow Joint Resurfacing Arthroplasty with Allograft Tissue

Table of Content

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

<u>Effective Date</u>	9/1994
<u>Next Review Date</u>	1/23/2024
<u>Coverage Policy</u>	Surgical 111
<u>Version</u>	4

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

Purpose:

This policy addresses the medical necessity of Shoulder-Elbow Joint Resurfacing Arthroplasty with Allograft Tissue.

Description & Definitions:

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

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

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.

Criteria:

Shoulder-Elbow Joint Resurfacing Arthroplasty with Allograft Tissue is considered **not medically necessary** for any indication.

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
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.

Document History:

Revised Dates:

- 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

References:

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

Beer, A., Tauro, T., Redondo, M., Christian, D., Cole, B., Frank, R. Use of Allografts in Orthopedic Surgery: Safety, Procurement, Storage, and Outcomes. Orthopedic Journal of Sports Medicine. 12.2019. National Institute of Health. Retrieved 1.8.2024. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6937533/>

Carelon. Carelon Medical Benefits Management clinical appropriateness guidelines and cancer treatment pathways. Joint Surgery 2023-11-05. Retrieved 1.8.2024. <https://guidelines.carelonmedicalbenefitsmanagement.com/joint-surgery-2023-11-05/>

Code of Federal Regulations. Title 21. TITLE 21--FOOD AND DRUGS, CHAPTER I--FOOD AND DRUG ADMINISTRATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES, SUBCHAPTER H - MEDICAL DEVICES, PART 888 -- ORTHOPEDIC DEVICES, Subpart D - Prosthetic Devices, Sec. 888.3660 Shoulder joint metal/polymer semi-constrained cemented prosthesis. Retrieved 1.8.2024. <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=888.3660>

US Food and Drug Administration. Retrieved 1.8.2024. https://www.fda.gov/search?s=allograft+tissue+for+shoulder&sort_bef_combine=rel_DESC

Hayes, a symplr company. Evolving Evidence Review, Jul 12, 2023, GraftJacket Now (Stryker) for Shoulder Surgeries. 7.12.2023. Retrieved 1.8.2024. https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522resurfacing%2520with%2520allograft%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%2525B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%2525B%2522*%2522%255D,%2522sorts%2522:%2525B%257B%2522field%2522:%2522_score%2522,%2522direction%2522:%2522desc%2522%257D%255D,%2522filters%2522:%2525B%255D%257D

Centers for Medicare and Medicaid Services. CMS.gov. Retrieved 1.8.2024. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=36039&ver=10>

MCG, Informed Care Strategies. 27th edition. Retrieved 1.8.2024. <https://careweb.careguidelines.com/ed27/index.html>

Commonwealth of Virginia, Department of Medical Assistance Services. Retrieved 1.9.2024. https://vamedicaid.dmas.virginia.gov/pdf_chapter/practitioner#gsc.tab=0&gsc.q=shoulder%20arthroscoy&gsc.sort=

National Comprehensive Cancer Network. Retrieved 1.9.2024. <https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=shoulder%20resurfacing>

Maeike, J, Patterson, D., Anthony, S., Parsons, B., Cagle, P. Soft tissue resurfacing for glenohumeral arthritis: a systematic review. Shoulder Elbow. 2020 Feb;12(1):3-11. Retrieved 1.9.2024. doi: 10.1177/1758573219849606

American Shoulder and Elbow Surgeons. Retrieved 1.9.2024. [https://www.ases-
assn.org/?s=shoulder+allograft&jet_ajax_search_settings=%7B%22results_order_by%22%3A%22relevance%22%2C%22results_order%22%3A%22asc%22%2C%22search_source%22%3A%22any%22%7D](https://www.ases-
assn.org/?s=shoulder+allograft&jet_ajax_search_settings=%7B%22results_order_by%22%3A%22relevance%22%2C%22results_order%22%3A%22asc%22%2C%22search_source%22%3A%22any%22%7D)

American Academy of Orthopedic Surgeons. Shoulder Joint Replacement. 9.2021. Retrieved 1.9.2024. <https://orthoinfo.aaos.org/en/treatment/shoulder-joint-replacement/>

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.

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