

## Thermal Capsulorrhaphy, Surgical 86

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<u>Effective Date</u>	5/1/2026
<u>Next Review Date</u>	1/2027
<u>Coverage Policy</u>	Surgical 86
<u>Version</u>	6

**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:**

**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:
- 2026: January – Implementation date of May 1, 2026. no changes references updated
  - 2025: January – no changes references updated
  - 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
- Origination 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. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

## 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 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).

(2025). Retrieved 11 2025, from MCG: <https://careweb.careguidelines.com/ed29/index.html>

(2025). Retrieved 11 2025, from American Academy of Orthopaedic Surgeons (AAOS):  
<https://www.aaos.org/search/?q=capsulorrhaphy&wst=d4254cdb3240e1137018f7198a376aad>

Billing and Coding: Thermal Capsulorrhaphy A53435 - Palmetto. (2023, 10). Retrieved 11 2025, from CMS:  
<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=53435&ver=11&keyword=Capsulorrhaphy&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

Provider Manual. (2025). Retrieved 11 2025, from DMAS: <https://www.dmas.virginia.gov/for-providers/>

Thermal Capsulorrhaphy for Shoulder Instability. (2025). Retrieved 11 2025, from Hayes:  
<https://evidence.hayesinc.com/report/dir.ther0005>

Thermal capsulorrhaphy for the treatment of shoulder instability. (2006). Retrieved 11 2025, from American Journal of Sports Medicine: <https://pubmed.ncbi.nlm.nih.gov/16685091/>

## Keywords:

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