

Surgery of the Elbow (for New Jersey Only)

Policy Number: CS033NJ.P
Effective Date: January 1, 2024

[Instructions for Use](#)

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| Related Policies |
|------------------|
| None |

Application

This Medical Policy only applies to the state of New Jersey.

Coverage Rationale

Surgery of the elbow is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures:

- Arthroscopy, Diagnostic, +/- Synovial Biopsy, Elbow
- Arthroscopy, Surgical, Elbow
- Joint Replacement, Elbow
- Removal or Revision, Arthroplasty, Elbow

Click [here](#) to view the InterQual® criteria.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| CPT Code | Description |
|-------------------------------------|--|
| Arthroscopy, Surgical, Elbow | |
| 29830 | Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure) |
| 29834 | Arthroscopy, elbow, surgical, with removal of loose body or foreign body |
| 29835 | Arthroscopy, elbow, surgical; synovectomy, partial |
| 29836 | Arthroscopy, elbow, surgical; synovectomy, complete |
| 29837 | Arthroscopy, elbow, surgical, debridement, limited |

| CPT Code | Description |
|---|--|
| Arthroscopy, Surgical, Elbow | |
| 29838 | Arthroscopy, elbow, surgical, debridement, extensive |
| Arthroplasty, Joint Replacement, Elbow | |
| 24360 | Arthroplasty, elbow; with membrane (e.g., fascial) |
| 24361 | Arthroplasty, elbow; with distal humeral prosthetic replacement |
| 24362 | Arthroplasty, elbow; with implant and fascia lata ligament reconstruction |
| 24363 | Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (e.g., total elbow) |
| 24365 | Arthroplasty, radial head |
| 24366 | Arthroplasty, radial head; with implant |
| 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 |

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U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Surgeries of the elbow are procedures and, therefore, not regulated by the FDA. However, devices and instruments used during the surgery may require FDA approval. Refer to the following website for additional information:

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed July 14, 2023)

Policy History/Revision Information

| Date | Summary of Changes |
|------------|--|
| 01/01/2024 | <ul style="list-style-type: none"> Routine review; no change to coverage guidelines Archived previous policy version CS033NJ.O |

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.