KAISER PERMANENTE®

Kaiser Foundation Health Plan

Clinical Policy for Medical Necessity Criteria for Shoulder Arthroscopy/Arthrodesis

Department: Orthopedic Surgery | **Effective:** 3/31/2026

Policy #: NCP 113 *(was NCP 13 until 8/4/26)* | **Last Reviewed:** 3/31/2026

Coverage Determinations

Line of Business	Determination Name/Number & Contractor	Revision Date
For Medicare Members		
NCD	None	
LCD	None. For Medicare lines of business, use the KP criteria below.	
For Medicaid Members		
OR Medicaid	This policy does not apply. Check Linefinder.	
WA Medicaid	This policy does not apply.	
Commercial and Self-Funded Plans		
OR Commercial	This policy applies	
WA Commercial	This policy applies	
Self-funded Plans	This policy applies	

Clinical Indications

Shoulder arthroscopy procedures are considered medically necessary when 1 or more of the following are met:

- Rotator cuff injury, as indicated by 1 or more of the following:
    - Acute full-thickness injury confirmed by ultrasound, CT or MRI imaging (Cofield classification) and 1 or more of the following:
        - Massive avulsion; or
        - New inability to externally rotate arm against resistance; or

        - Inability to elevate arm on physical examination; or
        - Disabling limitation of function in affected arm
    - Acute, grade 2 or 3 (by Ellman classification), partial-thickness injury confirmed by ultrasound, CT, US or MRI imaging and lack of sufficient improvement after at least 6 weeks of nonoperative therapy (eg, NSAIDs, physical therapy); or
    - Chronic full or partial-thickness injury that requires repair, as indicated by ALL the following:
        - Symptomatic (ie, pain or significant functional impairment); and
        - Lack of sufficient improvement after at least 6 weeks of nonoperative therapy (eg, NSAIDs, physical therapy)
    - Revision of prior rotator cuff repair
- Impingement (eg, on MRI or other imaging) necessitating acromioplasty, as indicated by ALL the following:
    - Pain or significant functional impairment; and
    - Symptoms refractory to nonoperative therapy for at least 3 months (eg, NSAID use, physical therapy, corticosteroid injection)
- Osteoarthritis, as indicated by ALL the following:
    - Significant pain or functional impairment; and
    - Symptoms refractory to at least 3 months of nonoperative treatment (eg, activity modification, NSAIDs, physical therapy, corticosteroid injection); and
    - Patient does not have severe osteoarthrosis (for which total shoulder arthroplasty may be a more appropriate procedure)
- Calcific tendinosis with symptoms (eg, pain, secondary bursitis) refractory to at least 6 months of nonoperative management (eg, corticosteroid injection, physical therapy)
- Adhesive capsulitis release needed, as indicated by ALL the following:

        - Imaging negative for other shoulder pathology (eg, rotator cuff tear) as cause of symptoms; and
        - Significant functional impairment or pain refractory to 6 months of nonoperative care (eg, corticosteroid injection, physical therapy, arthrographic distention)
- Anterior glenohumeral instability (eg, Bankart lesion) and 1 or more of the following:
        - Dislocation, initial or recurrent; or
        - Instability (laxity or subluxation) and 1 or more of the following:
            - Age 30 years or younger; or
            - Failed prior Bankart repair without bone loss; or
            - Failed trial of immobilization; or
            - Associated fracture of anteroinferior glenoid or humerus (Hill Sachs lesion)
- Posterior or multidirectional glenohumeral instability refractory to at least 6 weeks of nonsurgical management (eg, physical therapy)
- Superior labrum anterior to posterior (SLAP) tear on imaging with symptoms (eg, pain, limited range of motion) refractory to at least 3 months of nonoperative management (eg, physical therapy, corticosteroid injection, NSAIDs)
- Septic arthritis of shoulder
- Fracture amenable to arthroscopic repair (eg, humeral head fracture, glenoid fracture)
- Acromioclavicular joint separation with complete acromioclavicular or coracoclavicular ligament tear
- Posterior ossification of the glenoid (Bennett lesion or "thrower's shoulder") with pain refractory to nonoperative management (eg, structured rehabilitation)
- Suprascapular nerve entrapment with neuropathic pain or strength deficit unresponsive to nonoperative management (eg, ultrasound-guided aspiration and injection)
- Subcoracoid impingement with coracohumeral distance of 6 mm or less and pain refractory to nonoperative therapy for at least 3 months (eg, rest, physical therapy, NSAIDs, corticosteroid injection)
- Biceps tendon impingement or tendinitis refractory to nonoperative therapy for at least 3 months (eg, rest, physical therapy, anti-inflammatory medications) requiring tenodesis or tenotomy

- Bursitis or crepitus within scapulothoracic joint (snapping scapula) refractory to 3 months or more of nonoperative treatment (eg, analgesics, physical therapy, corticosteroid injection)
- Tumor resection amenable to arthroscopic approach
- Synovectomy, when symptoms are refractory to nonoperative therapy for at least 3 months (eg, physical therapy, anti-inflammatory medications, corticosteroid injection), and indicated for 1 or more of the following:
    - Noninfectious renal arthropathy; or
    - Pigmented villonodular synovitis (also known as diffuse tenosynovial giant cell tumor); or
    - Synovial chondromatosis; or
    - Rheumatoid arthritis; or
    - Inflammatory disorder with synovial fluid analysis revealing white blood count of 2000 cells/mm^3 (2 x10^9/L) or more with neutrophil percentage of 50% of more; or
    - Hemophilic joint disease
- Osteonecrosis requiring core decompression
- Diagnostic arthroscopy of shoulder, as indicated by ALL the following:
    - Presence of significant signs or symptoms (eg, pain, functional impairment, instability); and
    - Diagnosis not clear (eg, after examination, imaging); and
    - Nonoperative therapy has been tried and failed (eg, analgesics, rest, physical therapy, anti-inflammatory agents)

Shoulder arthrodesis procedures are considered medically necessary when ALL the following are met:

1) Condition appropriate for arthrodesis, including 1 or more of the following:
    - Failed revision of total shoulder; or
    - Recurrent shoulder instability which has failed previous attempts at repair or revision; or
    - Reconstruction after tumor resection; or

- Brachial plexus palsy; or
- Chronic shoulder joint infection; or
- Brachial plexus injuries from obstetrical complications; or
- Chronic instability which has failed stabilization procedures; or
- Failure of at least 6 months of provider directed conservative therapy; or
- Function limiting pain that interferes with age-appropriate activities of daily living

2) No contraindications, including 1 or more of these:

- Charcot joint; or
- Paralysis of trapezius, levator scapulae, latissimus dorsi or rhomboids; or
- Contralateral shoulder arthrodesis

Coding

CPT Codes	Description
23800	Arthrodesis, glenohumeral joint
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral

	bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis

References

1. Y. Lei, Y. Zeng, W. Xia, J. Xie, C. Hu, Z. Lan, D. Ma, Y. Cai, L. He, D. Kong, X. Huang, H. Yan, H. Chen, Z. Li, X.Wang, Risk factors for infection in patients undergoing shoulder arthroscopy: a systematic review and meta-analysis, Journal of Hospital Infection, Volume 150, 2024, Pages 72-82, ISSN 0195-6701. Retrieved from: https://doi.org/10.1016/j.jhin.2024.04.025.

2. Gregory, J., Aibinder, W., Athwal, G. (2023, December). *Shoulder Arthroscopy.* OrthoInfo. Retrieved October 21,2024. https://orthoinfo.aaos.org/en/treatment/shoulder-arthroscopy/

History Details

Type	Action	Date
Review/Revised	Reviewed at UM Quality Oversight Committee	3/17/26
Changed NCP #	NCP # changed from 13 to 113	8/4/26