1. **Purpose**

The purpose of this policy is to establish the criteria when shoulder surgery (arthroscopic and open procedures) may be considered medically necessary.

2. **Definitions**

   2.1. **Sprain/Strain/Tear** can be defined as overstretching or tearing of the ligament/muscle/tendon and is typically graded on a severity scale of I, II or III:
   
   - **Grade I**: mild sprain/strain caused by overstretching or slight tearing of the ligament/muscle/tendon with no instability and has minimal pain, swelling, and little or no loss of functional ability associated with it.
   
   - **Grade II**: sprain/strain caused by incomplete tearing of the ligament/muscle/tendon and is characterized by bruising, moderate pain, and swelling. “Partial thickness tear.”
   
   - **Grade III**: sprain/strain that results in a complete tear or rupture of a ligament/muscle/tendon. “Full thickness tear.”

   2.2. **Labral tears** result when the glenoid labrum becomes injured or torn. Tears are typically classified by the position of the tear in relation to the glenoid.

   2.3. **Bankart tear** is a tear in the labrum located in the front, lower (anterior, inferior) part of the shoulder socket. This type of tear occurs most commonly during a shoulder dislocation and makes the shoulder more prone to recurrent dislocations.

   2.4. **SLAP Tear** (Superior Labral, Anterior and Posterior tear) is a tear in the labrum that covers the top part of the shoulder socket from the front to back. A SLAP tear occurs at the point where the long head of the biceps tendon attaches. This type of tear occurs most commonly during falls on an outstretched arm.

   **Classification of SLAP tears:**
   
   - **Type I SLAP lesions** are described as being indicative of isolated fraying of the superior labrum with a firm attachment of the labrum to the glenoid.
   
   - **Type II SLAP lesions** are characterized by detachment of the superior labrum and the origin of the tendon of the long head of the biceps brachii from the glenoid resulting in instability of the biceps-labral anchor.
2.5. **Shoulder Dislocation** is defined as the complete loss of the humeral articulation with the glenoid fossa, usually as a result of acute trauma.

2.6. **Shoulder Subluxation** is defined as a partial loss of humeral articulation with the glenoid fossa (incomplete or partial dislocation) usually as a result of repetitive trauma to the degree that symptoms are produced.

2.7. **Shoulder Instability/Laxity** is defined as a partial loss of the glenohumeral articulation: Two categories:

   - **Post Traumatic shoulder instability** includes patients with a previous injury that has stretched or torn the ligaments of the shoulder.
   - **Shoulder Instability/Laxity “Atraumatic”**: instability/loose shoulder joint includes patients with generalized looseness of the joints “double-jointed” or “multi-directional instability” usually representing a type of congenital ligamentous laxity.

2.8. **Impingement Syndrome** commonly results from friction, abrasion, and inflammation of the rotator cuff and the long head of the biceps tendon with the subacromial arch (anterior lip of the acromion, coracoacromial ligament, and acromioclavicular joint) from acute trauma, repetitive use or degenerative changes.

2.9. **Adhesive Capsulitis** is a condition of the shoulder characterized by stiffness, loss of motion (contracture), and pain. Often called frozen shoulder, adhesive capsulitis is clinically divided into classes:

- **Type III SLAP lesions** are characterized by a bucket-handle tear of the labrum with an intact biceps insertion.
- **Type IV SLAP lesions** have a bucket-handle tear of the labrum that extends into the biceps tendon. In this lesion, instability of the biceps-labrum anchor is also present.
- **Type V SLAP lesions** are characterized by the presence of a Bankart lesion of the anterior capsule that extends into the anterior superior labrum.
- **Type VI SLAP lesions** involve a disruption of the biceps tendon anchor with an anterior or posterior superior labral flap tear.
- **Type VII SLAP lesions** are described as the extension of a SLPA lesion anteriorly to involve the area inferior to the middle glenohumeral ligament.
• **Primary adhesive capsulitis** is characterized by a significant limitation of both active and passive motions on the shoulder; patients are typically unable to recall a possible cause of the condition (idiopathic adhesive capsulitis).

• **Secondary adhesive capsulitis** is characterized by a trauma or a possible cause prior to the onset of the symptoms, such as fracture of the humerus, rotator cuff repair, shoulder girdle injury/surgery, or prolonged immobilization.

Conditions that have been suggested to predispose individuals to adhesive capsulitis are trauma, surgery to the shoulder, inflammatory diseases, diabetes, hyperthyroidism, dyslipedemia.

2.10. **Non-surgical care** with regard to the treatment of the shoulder is defined as any non-surgical treatment which has been demonstrated in the scientific literature as efficacious and/or is considered a standard of care in the treatment of shoulder pain. The types of treatment involved can include, but are not limited to: ice, relative rest/activity modification, manual therapy, physical modalities, supervised therapeutic exercise, oral medications, and/or injections (steroid).

2.11. **Magnetic Resonance Imaging (MRI)** is an imaging technique which utilizes radio waves and a powerful magnet linked to a computer to produce a set of detailed images of organs and soft tissue structures of the body.

2.12. **Computed Tomography (CT) scan** is an imaging technique which utilizes a 360-degree x-ray beam and computer to produce a set of cross-sectional images of the body. The patient is exposed to ionizing radiation. CT is also known as computerized axial tomography or CAT scan.

2.13. **Arthrogram** is a series of images of a joint after injection of a contrast medium. Shoulder arthrograms are commonly used to outline structures such as the rotator cuff, glenoid labrum, bicipital tendon and sheath. In disease or injury, this contrast fluid may either leak into an area where it does not belong, indicating a tear or opening, or be blocked from entering an area where there normally is an opening.

2.14. **Diagnostic Ultrasound** is an imaging technique which utilizes high-energy sound waves (ultrasound) through a transducer which are bounced off internal tissues or organs which then results in echoes. The echo patterns are then received and shown on the screen of an ultrasound machine, forming a picture of body tissues called a sonogram.
2.15. **Distal Clavicular Excision** is the removal of the end of the clavicle. The superior AC ligament remains intact so that the joint remains stable.

2.16. **Acromioplasty** is the removal of bone from the acromion and partial resection of the coracoacromial ligament.

2.17. **Subacromial Decompression** is the removal of bone or other abnormality to widen the space between the rotator cuff musculature and the acromion.

3. **Statement of Policy**

3.1 The determination of medical necessity for the use of shoulder surgery, arthroscopic and open procedures is always made on a case-by-case basis.

3.2. Shoulder arthroscopic or open procedures **may be considered medically necessary** in patients on whom surgery is being performed for fracture, tumor, infection or foreign body that has led to or will likely lead to progressive destruction.

3.3. Shoulder arthroscopic or open procedures **may be considered medically necessary** in patients on whom surgery is being performed for a disease process (i.e., synovectomy for RA) when the symptoms are severe and persistent, and

- There is documented loss of shoulder function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demand of employment; and

- Patient has undergone a reasonable course of non-surgical care for at least three (3) months in duration; and

- Patient has undergone appropriate diagnostic technology (i.e., MRI, diagnostic arthroscopy, etc.) which is determined to be conclusive for damage consistent with the patients reported medical condition.

3.4 **Diagnostic Arthroscopy**

3.4.1. The determination of medical necessity for the performance of diagnostic arthroscopy is always made on a case-by-case basis.

3.4.2. Diagnostic arthroscopy **may be considered medically necessary** when all of the following criteria have been met:
• All other potential diagnostic conditions such as but not limited to fracture, Thoracic Outlet Syndrome, Brachial Plexus disorders, referred neck pain and arthritis have been reasonably ruled out; and

• Patient has severe, disabling pain and/or a documented loss of shoulder function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment; and

• Patient demonstrates the following abnormal shoulder physical examination findings as compared to the non-involved side:
  - Functionally limited range of motion (active or passive), or
  - Measurable loss in strength, or
  - Positive impingement signs; and

• Patient has undergone a reasonable course of non-surgical care for at least three (3) months in duration; and

• Patient has undergone an appropriate radiographic work-up that includes an MRI evaluation, which is determined to be inconclusive for internal derangement/pathology.

3.5. **Rotator Cuff Repair**

3.5.1. The determination of medical necessity for the performance of rotator cuff repair is always made on a case-by-case basis.

3.5.2. Rotator cuff repair **may be considered medically necessary** when the following criteria have been met:

• All other potential diagnostic conditions such as, but not limited to fracture, Thoracic Outlet Syndrome, Brachial Plexus disorders, referred neck pain and arthritis have been reasonable ruled out; and

• Patient has severe, disabling pain and/or documented loss of shoulder function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment; and
• Patient demonstrates the following abnormal shoulder physical examination findings as compared to the non-involved side:
  - Functionally limited range of motion, and/or
  - Measurable loss of strength of the rotator cuff musculature, and
  - One or more of the following positive orthopedic tests:
    ▪ Neer Impingement Test
    ▪ Drop Arm Test
    ▪ Hawkins Kennedy Impingement Test
    ▪ Painful Arc Test

• Patient has undergone an advanced diagnostic imaging procedure (i.e. MRI, CT Scan, Diagnostic Ultrasound) which has been found to be conclusive for a partial or full thickness (Grade II or III) rotator cuff tear that correlates with the patient’s reported symptoms and physical exam findings; and

• Patient has undergone a reasonable course of non-surgical care for at least eight (8) weeks in duration (with the exception of the patient who suffers a trauma that results in an acute complete tear AND associated disabling pain and loss of function).

3.5.3. Rotator cuff debridement may be considered medically necessary when performed in conjunction with other medically necessary arthroscopic procedures of the shoulder (i.e., subacromial decompression).

3.5.4. Rotator cuff repair may not be medically necessary for all other indications.

3.6. Labral Tear/Bicipital Tendonitis/Tendonopathy Debridement or Repair

3.6.1. The determination of medical necessity for the performance of labral tear debridement or repair is always made on a case-by-case basis.

3.6.2 Labral Tear/Bicipital Tendonitis Debridement or Repair may be considered medically necessary when the following criteria have been met:
• All other potential diagnostic conditions such as but not limited to fracture, Thoracic Outlet Syndrome, Brachial Plexus disorders, referred neck pain and arthritis have been reasonably ruled out; and

• Patient has severe, disabling pain and/or a documented loss of shoulder function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment; and

• Patient demonstrates the following shoulder physical examination findings as compared to the non-involved side:
  - Minimally limited or full shoulder range of motion; and
  - One or more positive orthopedic tests (i.e., O'Brien's Test (labral or biceps tendon pathology), Anterior or Posterior Apprehension Test, Sulcus Test, Speeds Test, etc.); and

• Patient has undergone an advanced diagnostic imaging procedure which is conclusive for a labral tear/bicipital tendon pathology (i.e., SLAP, Bankart) and correlates with the patient's reported symptoms and physical exam findings; and

• Patient has undergone a reasonable course of non-surgical care for at least six (6) weeks in duration.

3.6.3 Labral Tear/Bicipital Tendonitis Repair may be considered medically necessary when performed in conjunction with the other medically necessary arthroscopic or open procedures of the shoulder (i.e., Rotator Cuff Repair).

3.6.4 Labral Tear/Bicipital Tendonitis Repair may not be considered medically necessary for all other indications.

3.7. Subacromial Decompression/Acromioplasty/Distal Clavicular Excision

3.7.1. The determination of medical necessity for the performance of subacromial decompression/acromioplasty and/or distal clavicle excision is always made on a case-by-case basis.

3.7.2. Subacromial decompression/acromioplasty and/or distal excision may be considered medically necessary when the following criteria have been met:
• All other potential diagnostic conditions such as but not limited to fracture, Thoracic Outlet Syndrome, Brachial Plexus Disorders, referred neck pain and arthritis have been reasonably ruled out; and

• Patient has severe, disabling pain and/or documented loss of shoulder function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment; and

• Patient demonstrates the following shoulder physical examination findings as compared to the non-involved side:
  - Local tenderness at the acromioclavicular (AC) joint; and
  - Limited active shoulder Rom; and/or
  - Loss of functional strength of the shoulder;
  - One or more of the following positive orthopedic tests:
    - Cross Arm Adduction Test
    - Arm Extension Test
    - Neer Impingement Test
    - Hawkins Kennedy Impingement Test
    - Painful Arc Test

• Patient has undergone a reasonable course of non-surgical care for at least eight (8) weeks in duration; and

• Patient has undergone work-up with plain radiographs that demonstrate findings consistent with pathology in the subacromial space and/or at the AC joint; and/or

• Patient has undergone an advanced diagnostic procedure (i.e., MRI, CT Scan, etc.) which is conclusive for underlying pathology (i.e., chronic arthritis, rotator cuff impingement syndrome, etc.) an correlates with the patient’s reported symptoms and physical exam findings.

3.7.3. Subacromial decompression/acromioplasty/distal clavicle excision may be considered medically necessary when performed in conjunction with other
medically necessary arthroscopic or open procedures of the shoulder (i.e., Rotator Cuff Repair).

3.8. Arthroscopic Capsular Release/Manipulation Under Anesthesia (MUA) – Adhesive Capsulitis

3.8.1. The determination of medical necessity for the performance of arthroscopic capsular release for the treatment of adhesive capsulitis is always made on a case-by-case basis.

3.8.2. Arthroscopic capsular release/MUA for patients with documented chronic refractory adhesive capsulitis which has resulted from disease, injury or surgery may be considered medically necessary when the following criteria have been met:

- All other potential diagnostic conditions such as but not limited to fracture, Thoracic Outlet Syndrome, Brachial Plexus disorders, referred neck pain and arthritis have been reasonable ruled out; and

- Patient has severe, disabling pain and/or documented loss of shoulder function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment for at least six (6) months in duration; and

- Patient demonstrates the following abnormal shoulder physical examination findings as compared to the non-involved side:
  - Functionally limited global loss of active range of motion of at least 50% as compared to the contralateral side; and
  - Functionally limited and painful global loss of passive range of motion of at least 50%; and
  - One or more of the following positive orthopedic tests:
    - External Rotation Test
    - Neer Impingement Test
    - Hawkins Kennedy Impingement Test
    - Painful Arc Test
Appley’s Scratch Test

• Patient has undergone a reasonable course of non-surgical care that must include a combination of anti-inflammatory medications, cortisone injection and physical therapy for at least six (6) weeks in duration to determine if treatment is successful.

3.8.3. MUA should be performed in conjunction with an active rehabilitation/therapeutic exercise program. Manipulation performed in isolation without the patient participating in an active rehabilitation program in conjunction with a home exercise program is considered not medically necessary.

3.8.4. Arthroscopic capsular release or MUA may not be considered medically necessary for all other indications.

3.9. Arthroscopic or Open Procedures for Chronic Shoulder Instability/Laxity

3.9.1. The determination of medical necessity for the performance of arthroscopic or open procedures for shoulder instability/laxity is always made on a case-by-case basis.

3.9.2. Arthroscopic or open procedures for shoulder instability/laxity may be considered medically necessary when the following criteria have been met:

• Patient has a documented history of “post-traumatic” or “atraumatic” instability that has resulted in wither severe disabling pain and/or loss of shoulder function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or their demands of employment; and

• Patient has undergone a reasonable course of non-surgical care, that should include shoulder stabilization/strengthening exercises for at least eight (8) weeks in duration; and

• One or more positive orthopedic tests for shoulder instability (i.e., O’Brien’s Test, Anterior or Posterior Apprehension Test, Sulcus Test, etc.)

3.9.3. The determination for arthroscopic or open procedures for shoulder instability/laxity as a result of an acute traumatic injury may be considered
medically necessary in special circumstances and is always made on a case-by-case basis.

3. References

4.1. Scientific:

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding shoulder surgery and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


Labral Tear Shoulder. Arthroscopy Association of North America website.


4.2. Related Triad Medical Policies:

- *TMMP 18 – Medical Necessity*

- *TMMP 310 – Manipulation Under Anesthesia*

**CPT Codes**

This policy relates to the use of the following CPT Codes:
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23020</td>
<td>Capsular contracture release (e.g., Sever type procedure).</td>
</tr>
<tr>
<td>23071</td>
<td>Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater.</td>
</tr>
<tr>
<td>23073</td>
<td>Excision, tumor, soft tissue of shoulder area, subfascial (e.g., intramuscular); 5 cm or greater.</td>
</tr>
<tr>
<td>23075</td>
<td>Excision, tumor, soft tissue, of shoulder area; subcutaneous; less than 3 cm.</td>
</tr>
<tr>
<td>23076</td>
<td>Excision, tumor, soft tissue, of shoulder area, subfascial (intramuscular); less than 5 cm.</td>
</tr>
<tr>
<td>23077</td>
<td>Radical resection of tumor (e.g., sarcoma), soft tissue of shoulder area; less than 5 cm.</td>
</tr>
<tr>
<td>23078</td>
<td>Radical resection of tumor (e.g., sarcoma), soft tissue of shoulder area; 5 cm or greater.</td>
</tr>
<tr>
<td>23120</td>
<td>Claviculectomy; partial.</td>
</tr>
<tr>
<td>23125</td>
<td>Claviculectomy; total.</td>
</tr>
<tr>
<td>23130</td>
<td>Acromioplasty or acromionectomy, partial, with or without coracacromial ligament release.</td>
</tr>
<tr>
<td>23140</td>
<td>Excision of curettage of bone cyst or benign tumor of clavicle or scapula.</td>
</tr>
<tr>
<td>23145</td>
<td>Excision of curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (including obtaining graft).</td>
</tr>
<tr>
<td>23146</td>
<td>Excision of curettage of bone cyst or benign tumor of clavicle or scapula; with allograft.</td>
</tr>
<tr>
<td>23150</td>
<td>Excision of curettage of bone cyst or benign tumor of proximal humerus.</td>
</tr>
<tr>
<td>23155</td>
<td>Excision of curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft).</td>
</tr>
<tr>
<td>23156</td>
<td>Excision of curettage of bone cyst or benign tumor of proximal humerus; with allograft.</td>
</tr>
<tr>
<td>23170</td>
<td>Sequestrectomy (e.g., for osteomyelitis or bone abscess); clavicle.</td>
</tr>
<tr>
<td>23172</td>
<td>Sequestrectomy (e.g., for osteomyelitis or bone abscess); scapula.</td>
</tr>
<tr>
<td>23174</td>
<td>Sequestrectomy (e.g., for osteomyelitis or bone abscess); humeral head to</td>
</tr>
<tr>
<td>CPT Code</td>
<td>Description (AMA CPT Guide)</td>
</tr>
<tr>
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<td>-----------------------------</td>
</tr>
<tr>
<td>23180</td>
<td>Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis), clavicle.</td>
</tr>
<tr>
<td>23182</td>
<td>Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis), scapula.</td>
</tr>
<tr>
<td>23184</td>
<td>Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis), proximal humerus.</td>
</tr>
<tr>
<td>23200</td>
<td>Radical resection for tumor; clavicle.</td>
</tr>
<tr>
<td>23210</td>
<td>Radical resection for tumor; scapular.</td>
</tr>
<tr>
<td>23220</td>
<td>Radical resection of tumor, proximal humerus.</td>
</tr>
<tr>
<td>23410</td>
<td>Repair of ruptured musculotendinous cuff (e.g., rotator cuff) open; acute.</td>
</tr>
<tr>
<td>23412</td>
<td>Repair of ruptured musculotendinous cuff (e.g., rotator cuff) open; chronic</td>
</tr>
<tr>
<td>23415</td>
<td>Coracoacromial ligament release, with or without acromioplasty.</td>
</tr>
<tr>
<td>23420</td>
<td>Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty).</td>
</tr>
<tr>
<td>23430</td>
<td>Tenodesis of long tendon of biceps.</td>
</tr>
<tr>
<td>23440</td>
<td>Resection or transplantation of long tendon of biceps.</td>
</tr>
<tr>
<td>23450</td>
<td>Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation.</td>
</tr>
<tr>
<td>23455</td>
<td>Capsulorrhaphy, anterior; with labral repair (e.g., Bankart procedure).</td>
</tr>
<tr>
<td>23460</td>
<td>Capsulorrhaphy, anterior, any type; with bone block.</td>
</tr>
<tr>
<td>23462</td>
<td>Capsulorrhaphy, anterior, any type; with coracoid process transfer.</td>
</tr>
<tr>
<td>23465</td>
<td>Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block.</td>
</tr>
<tr>
<td>23466</td>
<td>Capsulorrhaphy, glenohumeral joint, any type multi-directional instability.</td>
</tr>
<tr>
<td>23480</td>
<td>Osteotomy, clavicle, with or without internal fixation.</td>
</tr>
<tr>
<td>23485</td>
<td>Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation).</td>
</tr>
<tr>
<td>CPT Code</td>
<td>Description (AMA CPT Guide)</td>
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<tr>
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</tr>
<tr>
<td>29805</td>
<td>Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure).</td>
</tr>
<tr>
<td>29806</td>
<td>Arthroscopy, shoulder, surgical; capsulorrhaphy.</td>
</tr>
<tr>
<td>29807</td>
<td>Arthroscopy, shoulder, surgical; repair of SLAP lesion.</td>
</tr>
<tr>
<td>29822</td>
<td>Arthroscopy, shoulder, surgical; debridement, limited.</td>
</tr>
<tr>
<td>29823</td>
<td>Arthroscopy, shoulder, surgical; debridement, extensive.</td>
</tr>
<tr>
<td>29824</td>
<td>Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure).</td>
</tr>
<tr>
<td>29825</td>
<td>Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation.</td>
</tr>
<tr>
<td>29826</td>
<td>Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (i.e., arch) release when performed (List separately in addition to code for primary procedure).</td>
</tr>
<tr>
<td>29827</td>
<td>Arthroscopy, shoulder, surgical; with rotator cuff repair.</td>
</tr>
<tr>
<td>29828</td>
<td>Arthroscopy, shoulder, surgical; biceps tenodesis.</td>
</tr>
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</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

**Table of Revisions**

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/28/2015</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Grammatical, spelling and formatting changes throughout policy completed.</td>
</tr>
<tr>
<td>02/19/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>03/03/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.7.2 3rd bullet, 1st sub bullet, added ‘as compared to the contralateral side’. §3.7.2 4th bullet, changed from ‘6-8 weeks’ to ‘6 weeks’. §3.8.3 removed ‘to prevent permanent damage’.</td>
</tr>
<tr>
<td>03/27/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §2.10 changed physiotherapy modalities to physical modalities. Added CPT table. New §3.1 &amp; 3.2 read ‘Shoulder Arthroscopic or open procedures may be considered medically necessary in patients on whom surgery is being performed for fracture, tumor, infection or foreign body that has led to or will likely lead to progressive destruction. §3.2 Shoulder Arthroscopic or open procedures may be considered medically necessary in patients on whom surgery is being performed for a disease process e.g., (synovectomy for RA) when the symptoms are severe and persistent and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• There is documented loss of shoulder function to the extent which interferes with their ability to carry out their age appropriate activities</td>
</tr>
</tbody>
</table>
of daily living and/or their demands of employment; and
- Patient has undergone a reasonable course of non-surgical care for at least 3 months in duration; and
- Patient has undergone appropriate diagnostic technology e.g. MRI, diagnostic arthroscopy etc which is determined to be conclusive for advanced tissue pathology.

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/09/2011</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.