

Arthroscopic Thermal Capsulorrhaphy

Policy Number: PG0305
Last Review: 02/01/2023

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

☒ Professional
☒ Facility

DESCRIPTION:

Arthroscopic thermal capsulorrhaphy, (also known as electrothermal therapy, thermal shrinkage, electrothermally assisted capsule shift, and electrothermally-assisted capsulorrhaphy (ETAC)) treats instability or looseness of the joint ligaments. The procedure utilizes a radiofrequency probe or laser to deliver nonablative heat, which is intended to cause shrinkage of the collagen fibers comprising the ligaments or joint capsule, thereby tightening the capsule, and stabilizing the joint. Arthroscopic thermal capsulorrhaphy has been proposed for use in arthroscopic surgery involving various joints including, but not limited to, the shoulder, knee, hip, thumb, wrist, and ankle.

Overall, the reported outcomes of arthroscopic thermal capsulorrhaphy have been short-term and consist mainly of decreased tissue trauma at the time of surgery. Published data does not permit strong conclusions regarding the efficacy and impact on improving health outcomes. Complications and failure that may be related to inadequate shrinking or overheating of tissue have been reported in the medical literature. Reported complications have included capsular necrosis, loss of capsular and glenohumeral ligament integrity, nerve damage, and failure leading to recurrent instability.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

- **Arthroscopic thermal capsulorrhaphy is non-covered.**

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Paramount has determined that arthroscopic thermal capsulorrhaphy used as a stand-alone treatment or as an adjunct to arthroscopic or open surgery for any indication, including but not limited to the tightening of joint capsules, ligaments, and tendons, is experimental and investigational and therefore non-covered. Due to the lack of clinical evidence to demonstrate improved health outcomes it has determined that this service as a treatment of joint instability, for the shoulder, knee, elbow, etc. is considered not medically necessary.

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other

services rendered.

CPT CODE	
29999	Unlisted procedure, arthroscopy Not Covered when utilized for arthroscopic thermal capsulorrhaphy as indicated in the coverage criteria above
HCPCS CODE	
S2300	Arthroscopy, shoulder, surgical; with thermally induced capsulorrhaphy

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 02/18/2014

Date	Explanation & Changes
07/18/2014	<ul style="list-style-type: none">Policy created to reflect most current clinical evidence per TAWG
06/18/2015	<ul style="list-style-type: none">Policy reviewed and updated to reflect most current clinical evidence per TAWG
06/24/2016	<ul style="list-style-type: none">Policy reviewed and updated to reflect most current clinical evidence per TAWG
12/21/2020	<ul style="list-style-type: none">Medical policy placed on the new Paramount Medical Policy Format
02/01/2023	<ul style="list-style-type: none">Policy reviewed and updated to reflect most current clinical evidenceNo changes to policy statementMedical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
03/07/2024	<ul style="list-style-type: none">Medical policy placed on the new Paramount Medical Policy Format

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to

<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review