blue of california

Medical Policy

Thermal Shrinkage/Thermal Capsulorrhaphy	
Type: Not Medically Necessary	**Policy Specific Section:** Surgery
Original Policy Date: September 25, 2009	**Effective Date:** October 7, 2011

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Thermal shrinkage of joint capsules (e.g., thermal capsulorrhaphy, arthroscopic capsulorrhaphy, thermal capsular shrinkage, electrothermic arthroscopic capsulorrhaphy), and ligaments or tendons (e.g., radiofrequency thermal shrinkage, electrothermal therapy), has been proposed as a technically simple stand-alone technique or an adjunct to arthroscopic or open surgery for the treatment of joint instability or ligament laxity. It is thought that the delivery of thermal energy

(heat) causes restructuring (shrinkage) of the collagen fibers, thereby resulting in tightening and improved stabilization of the joint capsule, ligaments, and tendons. Thermal shrinkage has been primarily evaluated for shoulder joint instability (thermal capsulorraphy), but has also been proposed to treat instability or laxity in other joints.

Thermal capsulorrhaphy, an outpatient procedure, utilizes a radiofrequency probe or laser to deliver non-ablative heat to a targeted area in the joint. Two or three small incisions are made for insertion of the arthroscopic instruments; one for visualization and one for the thermal probe. This thermal probe is brushed back and forth across the tissues in the joint until changes in tissue color and texture occur. The entire procedure usually takes less than one hour (American Academy of Orthopaedic Surgeons, 2010).

Policy

Thermal shrinkage of a joint capsule (e.g., thermal capsulorrhaphy), ligament, or tendon is considered **not medically necessary**, for any indication, including, but not limited to the treatment of joint instability or ligamentous laxity in the shoulder, knee, hip, ankle, hand and wrist.

Policy Guideline

Thermal Capsulorrhaphy of the Shoulder:

- HCPCS code, S2300, describes shoulder arthroscopy, with thermally induced capsulorrhaphy
- CPT code, 29806, (Arthroscopy, shoulder, surgical; capsulorrhaphy), should not be used to describe thermal capsular shrinkage

Thermal Shrinkage Procedure (other joint capsules, ligaments or tendons):

- There is no specific CPT or HCPCS code for the thermal shrinkage procedure; a miscellaneous procedure code may be used

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review
• History and physical and/or consultation notes • Applicable office notes Post Service

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- Procedure report(s)

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available

Click here to view the appendix for this policy

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