



Status

Active

Medical and Behavioral Health Policy

Section: Surgery

Policy Number: IV-31

Effective Date: 08/27/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

THERMAL CAPSULORRHAPHY

Description: Thermal capsulorrhaphy, also known as thermal coagulation of joints, radiofrequency thermal shrinkage, electrothermal assisted capsulorrhaphy (ETAC) and laser-assisted capsular shrinkage (LACS), is proposed as a minimally invasive arthroscopic procedure to tighten the capsule and ligaments of joints. The procedure is based on the theory that the application of thermal energy can alter collagen and other tissues, resulting in shrinkage and decrease in capsular volume and laxity. The procedure, which can be used alone or in conjunction with other arthroscopic procedures, most frequently is performed on the shoulder, although it has been performed on other joints, such as the hip, knee, ankle, elbow and wrist.

Policy: The use of thermal capsulorrhaphy as a treatment of joint instability, including, but not limited to the shoulder, knee, and elbow is considered **INVESTIGATIVE** due to the lack of clinical evidence demonstrating its impact on improved health outcomes.

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

CPT:

29999 Unlisted procedure, arthroscopy

HCPSC:

S2300 Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy

Policy History: **Developed November 12, 2003**

Most recent history:

Reviewed August 10, 2011

Revised August 8, 2012

Reviewed August 14, 2013

Reviewed August 13, 2014

Cross Reference:

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