GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Arthroscopic thermal capsulorrhaphy, also called electrothermal therapy or thermal shrinkage, 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
Arthroscopic thermal capsulorrhaphy (S2300) is non-covered.

HMO, PPO, Individual Marketplace, Elite, Advantage
Paramount has determined that arthroscopic thermal capsulorrhaphy for any indication is experimental and investigational and therefore non-covered because there is insufficient evidence in the peer-reviewed medical literature of the effectiveness of this procedure.

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

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

TAWG REVIEW DATES: 07/18/2014, 06/18/2015, 06/24/2016

REVISION HISTORY EXPLANATION
07/18/14: Policy created to reflect most current clinical evidence per TAWG.
06/18/15: Policy reviewed and updated to reflect most current clinical evidence per TAWG.
06/24/16: Policy reviewed and updated to reflect most current clinical evidence per TAWG.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.