

MUMFORD PROCEDURE

Policy # 40

Implementation Date: 1/1/06

Revision Dates: 4/1/06, 2/15/07, 8/27/14

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

The acromioclavicular joint is a potential source of pain in the shoulder caused by a variety of disorders that can affect this joint, including distal clavicle osteolysis, posttraumatic arthritis, osteoarthritis, and rheumatoid arthritis. When conservative treatment for this condition with non-steroidal medication and activity modification does not alleviate the pain surgical resection of the distal clavicle (Mumford) is often necessary. This service can be done by either an open procedure or by an arthroscopic procedure.

Commercial Plan Policy

SelectHealth will reimburse for a distal clavicle resection (open or arthroscopic) when the documentation in the patient records indicates that the entire distal clavicle (1 cm or more) was removed and must be documented.

SelectHealth will not reimburse if documentation shows less than 1 cm removed or that the surgeon only shaved off bone spurs or boney outgrowths at the acromioclavicular joint.

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage will follow the commercial plan policy

SelectHealth Community Care (Medicaid)

SelectHealth Community Care will follow the commercial plan policy

Applicable Codes

CPT	Description
23120	Claviculectomy; partial
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)

Sources

1. *Current Procedural Terminology (CPT®)*, (2014) – American Medical Association
2. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf

3. *Arthroscopic Distal Clavicle Resection*, Operative Techniques in Sports Medicine, Volume 12 Issue 1, 2004. Retrieved August 25, 2014. Retrieved from http://www.sciencedirect.com/science?ob=ArticleURL&_udi=B7594-4CYWBPD-8&user=2119497&_coverDate=01%2F31%2F2004&_rdoc=1&_fmt=&_orig=search&_sort=d&view=c&_acct=C000056208&_version=1&_urlVersion=0&_userid=2119497&md5=e81a8ef349c0966ee5185b9334e85a95

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

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