

# Highmark Commercial Medical Policy-NY

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<b>Medical Policy:</b>	S-303-0023
<b>Topic (or Title):</b>	Knee Surgery: Anterolateral Ligament (ALL) Reconstruction
<b>Section:</b>	Surgery
<b>Effective Date:</b>	February 9, 2026 June 1 2026
<b>Issued Date:</b>	February 9, 2026 June 1 2026
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<b>Annual Review:</b>	December 2025 April 2026

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Anterolateral ligament reconstruction (also known as lateral extra-articular tenodesis) is a variety of different surgical techniques used to augment the anterolateral knee structures to help with rotatory instability in combination with anatomic anterior cruciate ligament (ACL) surgery.

## Policy Position

Anterolateral ligament reconstruction may be considered medically necessary when **ALL** of the following are met:

- A tear/disruption or significant laxity of the anterior cruciate ligament (ACL) is documented by MRI, CT arthrogram, or arthroscopy; **and**
- The procedure is being performed to augment rotational stability in the ACL reconstruction; **and**
- The individual has experienced pain and functional disability and/or loss of knee function; **and**
- The individual reports knee instability; **and**
- A physical examination documents **ONE** or more of the following:
  - Positive Anterior Drawer Test; **or**
  - Positive Lachman's Test; **or**
  - Positive Pivot Shift Test; **or**
  - **Positive Lever Test; and**
- Conservative therapy is **ONE** of the following:
  - Not indicated due to acute injury where joint instability is documented; **or**
  - History of at least three (3) months of unsuccessful provider directed conservative therapy (e.g. medications, physical therapy, activity modification, assistive devices) and **ONE** or more of the following:
    - The individual intends to return to high demand sports involving cutting, jumping, or pivoting; **or**
    - ACL tear and repairable meniscus tear are confirmed; **or**
    - Concomitant ligament injuries that require reconstruction to provide stability.

Anterolateral ligament reconstruction not meeting the criteria as indicated in this policy is considered not medically necessary.

## Procedure Codes

27427            27428            27429

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## References

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3. Lai S, Zhang Z, Li J, Fu WL. comparison of anterior cruciate ligament reconstruction with versus without anterolateral augmentation: A systematic review and meta-analysis of randomized controlled trials. *Orthop J Sports Med*. 2023;11(3):23259671221149403. doi:10.1177/23259671221149403
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reconstruction alone but a lower failure rate. *Arthroscopy*. 2024;40(2):384-396.e1.

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## Related Policies

Refer to Medical Policy S-197 Manipulation Under Anesthesia for additional information.

Refer to Medical Policy S-304 Knee Surgery: Abrasion Arthroplasty/Microfracturing/Subchondral Drilling for additional information.

Refer to Medical Policy S-305 Knee Surgery: Patellofemoral for additional information.

Refer to Medical Policy S-306 Knee Surgery: High Tibial Osteotomy for additional information.

Refer to Medical Policy S-306 Knee Surgery: High Tibial Osteotomy for additional information.

Refer to Medical Policy S-328 Knee Surgery: Meniscal Allograft Transplantation for additional information.

Refer to Medical Policy S-329 Knee Surgery: Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions for additional information.

Refer to MCG Guideline A-0415 Autologous Chondrocyte Implantation, Knee for additional information.

Refer to MCG Guideline A-0416 Mosaicplasty for additional information.

Refer to MCG Guideline A-0655 Iliotibial Band Lengthening for additional information.

Refer to MCG Guideline S-705 Knee Arthroscopy for additional information.

Refer to MCG Guideline S-710 Knee Arthrotomy for additional information.

Refer to MCG Guideline S-760 Knee: Fracture of Tibial Plateau, Closed or Open Reduction for additional information.

Refer to MCG Guideline S-770 Knee: Patella Reconstruction or Realignment for additional information.

Refer to MCG Guideline S-1131 Tibial Osteotomy, Child or Adolescent for additional information.

## Professional Statements and Societal Positions

### American Academy of Orthopaedic Surgeons (AAOS) Management of Anterior Cruciate Ligament (ACL) Injuries – Clinical Practice Guideline – 2022

The AAOS CPG includes a moderate-strength recommendation that in select patients, Anterolateral Ligament / Lateral Extra-articular Tenodesis may be considered in conjunction with hamstring-autograft ACL reconstruction to reduce graft failure and improve short-term function. This supports allowing ALL augmentation with ACLR for risk-stratified cases (e.g., young/active patients, high rotatory laxity).

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#### Diagnosis Codes

##### Covered Diagnosis Codes for Procedure Codes 27427, 27428, and 27429

<u>M23.611</u>	<u>M23.612</u>	<u>M23.51</u>	<u>M23.52</u>	<u>M23.671</u>	<u>M23.672</u>	<u>M25.361</u>
<u>M25.362</u>	<u>S83.421A</u>	<u>S83.421D</u>	<u>S83.422A</u>	<u>S83.511A</u>	<u>S83.511D</u>	<u>S83.512A</u>
<u>S83.512D</u>	<u>S83.8X1A</u>	<u>S83.8X2A</u>				

#### Place of Service: Outpatient

Anterolateral ligament reconstruction is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

#### The policy position applies to all commercial lines of business

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*This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.*

*Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect Highmark's reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract, and subject to the applicable laws of your state.*

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  - Qualified interpreters
  - Information written in other languages

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

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