Magellan Hawai‘i
HMSA

1. PROCEDURES WITHIN PROCEDURES

Does the ordering surgeon need a separate request for all spine procedures being performed during the same surgery on the same date of service?

No. Magellan Healthcare will provide a list of Surgery categories to choose from and the Surgeon must select the most complex Surgery being performed as the Primary Surgery.

Example: Lumbar Fusion
If the Surgeon is planning a single level Lumbar Spine Fusion with decompression, the Surgeon will select the Single Level fusion procedure. The Surgeon does not need to request a separate authorization for the decompression procedure being performed as part of the Lumbar Fusion Surgery. This is included in the Lumbar Fusion request.

Example: Decompression
If a Surgeon is planning Laminectomy with a Microdiscectomy, the Surgeon will select the Lumbar decompression procedure. The Surgeon does not need to request a separate authorization for the Microdiscectomy procedure.

2. MULTIPLE CPT CODES
Will the ordering Physician need to enter each CPT procedure code being performed for Spine Surgery?

No. Magellan Health will provide a list of surgery categories to choose from and the ordering physician must select the primary surgery (most invasive/complex) being performed.

Are instrumentation (medical device), bone grafts, and bone marrow aspiration included as part of the lumbar or cervical fusion authorizations?

Yes. The instrumentation (medical device), bone grafts, and bone marrow aspiration procedures commonly performed in conjunction with a single or multiple level lumbar or cervical spine fusion are included in the fusion surgery authorization. The amount of instrumentation must align with the authorization.

3. MULTIPLE SURGEONS/PRACTITIONERS:
Does the assistant surgeon need an authorization?

No. It is common for two professionals (surgeons) to be involved in a spine surgery case. The authorization covers more than one professional billing for the service.
The following pages provides a summary of which CPT codes and procedures are associated with the **Primary Surgery** authorization.

### Cervical Spine Surgery

*Payment for procedures is contingent on the patient’s eligibility and plan limitations, if any at the time the service is delivered.*

<table>
<thead>
<tr>
<th>Authorization</th>
<th>Additional Surgical Procedures Covered for Decompressions and Fusions</th>
<th>Other Ancillary Procedures Covered by Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Parent code authorized for primary surgery highlighted in yellow</em></td>
<td>There are multiple procedures associated with a spine surgery. Magellan/NIA provides an authorization for the primary surgery requested. However, associated surgery procedures are covered by the authorization. Examples below: Note: This is not an extensive listing of all procedures that may be covered with the primary procedure.</td>
<td>The instrumentation (medical device), bone grafts, and bone marrow aspiration are procedures commonly performed in conjunction with a single or multiple level lumbar or cervical spines. Examples below:</td>
</tr>
</tbody>
</table>
| **Anterior Cervical Decompression (without fusion)** 63075, +63076 | **Vertebral Corpectomy:** 63081, +63082, 63300, 63304, +63308  
**Instrumentation:** +22859 |  |
| **Anterior Cervical Decompression with Fusion (ACDF) — Single Level** 22548, **22551**, 22554 | **Decompression** *(rare)*  
63075 |  |
| **Anterior Cervical Decompression with Fusion (ACDF) — Multiple Level** 22548, 22551, 22554, **+22552**, +22585 | **Single Level Fusion** *(ACDF)*  
22548, 22551, 22554  
**Vertebral Corpectomy:** 63081, 63082, 63300, 63304, 63308  
**Instrumentation:** +22845, +22846, 22853, 22854  
**Bone Grafts:** 20930, +20931, +20936, +20937, +20938  
**Bone Marrow Aspiration:** 20939 |  |
| **Cervical Posterior Decompression (without fusion)** 63001, 63015, 63020, +63035, 63040, +63043, **63045**, +63048, 63050, 63051 | **Cervical Posterior Decompression (for single level fusion)**  
63001, 63020, 63040, 63045, 63050 |  |
| **Cervical Posterior Decompression with Fusion** — **Single Level** **22590, 22595, 22600** | **Cervical Posterior Decompression with Fusion**  
22590, 22595, 22600  
**Instrumentation:** +22840, +22841  
**Bone Grafts:** +20930, +20931, +20936, +20937 |  |
| **Cervical Posterior Decompression with Fusion** — **Multiple Levels** **22590, 22595, 22600, +22614** | **Cervical Posterior Decompression**  
63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, 63050, 63051  
**Cervical Posterior Decompression with Fusion** 22590, 22595, 22600 | **Instrumentation:** +22840, +22841, +22842, +22843, +22844  
**Bone Grafts:** +20930, +20931, +20936, +20937 |  |
| **Cervical Artificial Disc - Single Level** **22856, 22861, 22864** | **If removal of artificial disc is (22864) authorization to include Fusion 22554** | **If removal of artificial disc (22864) authorization to include :**  
**Instrumentation:** 22845, 22853  
**Bone Grafts:** +20930, +20931, +20936, +20937, +20938 |
## Cervical Artificial Disc - Two Levels

| Single Level | 22856, 22861, 22864 |
| If removal of artificial disc (22864 with 0095T) authorization to include: | Fusion | 22554 |

## Lumbar Spine Surgery

Payment for procedures is contingent on the patient’s eligibility and plan limitations, if any at the time the service is delivered.

<table>
<thead>
<tr>
<th>Authorization Primary Surgical Procedure and CPT Codes</th>
<th>Additional Surgical Procedures Covered for Decompressions and Fusions</th>
<th>Other Ancillary Procedures Covered by Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magellan/NIA provides authorization for primary surgery requested. Any of the listed CPT code procedures codes can be submitted on the claim for the authorized procedure. *Parent code authorized for primary surgery highlighted in yellow</td>
<td>There are multiple procedures associated with a spine surgery. Magellan/NIA provides an authorization for the primary surgery requested. However, associated surgery procedures are covered by the authorization. Examples below</td>
<td>The instrumentation (medical device), bone grafts, and bone marrow aspiration are procedures commonly performed in conjunction with a single or multiple level lumbar or cervical spines. Examples below. Note: This is not an extensive listing of all procedures that may be covered with the primary procedure.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lumbar Microdiscectomy</th>
<th>63030, +63035, 62380</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumbar Decompression</td>
<td>63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057</td>
</tr>
<tr>
<td>Lumbar Fusion—Single Level**</td>
<td>22533, 22558, **22612, 22630, 22633</td>
</tr>
<tr>
<td><strong>22614</strong></td>
<td>Single Level Fusion: 22533, 22558, 22612, 22630, 22633</td>
</tr>
<tr>
<td><strong>22853</strong></td>
<td>Decompression Procedures: 63030, +63035, 63005, 63042, +63044, 63047, +63048, 63056, +63057, 62380</td>
</tr>
<tr>
<td><strong>22853</strong></td>
<td>Instrumentation: +22840, +22841, +22842, +22845, +22853</td>
</tr>
<tr>
<td><strong>22853</strong></td>
<td>Bone Grafts: +20930, +20931, +20936, +20937, +20938</td>
</tr>
<tr>
<td><strong>22853</strong></td>
<td>Bone Marrow Aspiration: 20939</td>
</tr>
</tbody>
</table>

*The parent code is the primary procedure code provided to the health plan for authorization and claims payment. The other procedure codes associated with parent code are included as part in the