



Utilization Review Matrix 2024 Wellcare of Delaware Musculoskeletal Surgery (Spine)

|                                                                   | LUMBAR SPINE SURGERY PROCEDURES                                                                                                                                                                                                                                                                  |                                                                        |                                                                                              |                                                             |  |  |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|--|
| Procedure Name                                                    | Primary<br>CPT<br>Code                                                                                                                                                                                                                                                                           | Allowable Billed Groupings                                             | Additional Covered<br>Procedures/Codes                                                       | Ancillary Procedures/Codes                                  |  |  |
| Authorization is pro<br>each procedure. Th<br>combination, do not | These codes do not require prior<br>authorization. If the main procedure<br>is approved, these codes are<br>understood to be included and do<br>not require precertification from the<br>health plan.<br>*Please note: This is not an all-<br>inclusive list of every possible<br>ancillary code |                                                                        |                                                                                              |                                                             |  |  |
| Lumbar<br>Microdiscectomy                                         | 63030                                                                                                                                                                                                                                                                                            | 62380, 63030, +63035                                                   |                                                                                              |                                                             |  |  |
| Lumbar<br>Decompression                                           | 63047                                                                                                                                                                                                                                                                                            | 63005, 63012, 63017, 63042,<br>+63044, 63047, +63048, 63056,<br>+63057 | <b>Microdiscectomy:</b> 62380, 63030, +63035                                                 |                                                             |  |  |
| Lumbar Fusion -                                                   | 22612                                                                                                                                                                                                                                                                                            | 22533, 22558, 22612, 22630,<br>22633, +63052, +63053                   | <b>Microdiscectomy:</b> 62380, 63030, +63035                                                 | Instrumentation: +22840, +22841,<br>+22842, +22845, +22853  |  |  |
| Single Level                                                      |                                                                                                                                                                                                                                                                                                  |                                                                        | <b>Decompression:</b> 63005, 63012,<br>63017, 63042, +63044, 63047,<br>+63048, 63056, +63057 | <b>Bone Grafts</b> : +20930, +20931, +20936, +20937, +20938 |  |  |
|                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                        | 1000-10, 00000, 100007                                                                       | Bone Marrow Aspiration: 20939                               |  |  |

| Lumbar Fusion -<br>Multiple Levels             | 22614 | +22534, +22585, +22614,<br>+22632, +22634, +63052,<br>+63053 | Microdiscectomy: 62380, 63030,<br>+63035   Decompression: 63005, 63012,<br>63017, 63042, +63044, 63047,<br>+63048, 63056, +63057   Single Level Fusion: 22533, 22558,<br>22612, 22630, 22633 | Instrumentation: +22840, +22841,<br>+22842, +22845, +22853<br>Bone Grafts: +20930, +20931,<br>+20936, +20937, +20938<br>Bone Marrow Aspiration: 20939 |
|------------------------------------------------|-------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lumbar Artificial<br>Disc - Single<br>Level    | 22857 | 22857, 22862, 22865                                          |                                                                                                                                                                                              |                                                                                                                                                       |
| Lumbar Artificial<br>Disc - Multiple<br>Levels | 22860 | 22860, +0164T, +0165T                                        | <b>Single-Level Artificial Disc:</b> 22857, 22862, 22865                                                                                                                                     |                                                                                                                                                       |
| Sacroiliac Joint<br>Fusion                     | 27279 | 27279                                                        |                                                                                                                                                                                              |                                                                                                                                                       |

| CERVICAL SPINE SURGERY PROCEDURES |                        |                            |                                        |                                                                                                                                                                                                                                                                                                     |
|-----------------------------------|------------------------|----------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Procedure Name                    | Primary<br>CPT<br>Code | Allowable Billed Groupings | Additional Covered<br>Procedures/Codes | Ancillary Procedures/Codes                                                                                                                                                                                                                                                                          |
|                                   |                        |                            |                                        | These codes do not require<br>prior authorization. If the main<br>procedure is approved, these<br>codes are understood to be<br>included and do not require<br>precertification from the health<br>plan.<br>*Please note: This is not an all-<br>inclusive list of every possible<br>ancillary code |

| Cervical Anterior<br>Decompression<br>(without fusion)                                    | 63075 | 63075, +63076                                                                 |                                                                                                                | Vertebral Corpectomy: 63081,<br>+63082, 63300, 63304, +63308<br>Instrumentation: +22859                                                                                                                       |
|-------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cervical ACDF -<br>Anterior Cervical<br>Decompression with<br>Fusion - Single Level       | 22551 | 22548, 22551, 22554                                                           | Decompression: 63075, +63076<br>Removal of Artificial Disc: 22864                                              | Vertebral Corpectomy: 63081,<br>+63082, 63300, 63304, +63308<br>Instrumentation: +22845,<br>22853, 22854<br>Bone Grafts: +20930, +20931,<br>+20936, +20937, +20938                                            |
| Cervical ACDF -<br>Anterior Cervical<br>Decompression with<br>Fusion - Multiple<br>Levels | 22552 | +22552, +22585                                                                | Decompression: 63075, +63076<br>Single-Level ACDF: 22548, 22551,<br>22554<br>Removal of Artificial Disc: 22864 | Vertebral Corpectomy: 63081,<br>+63082, 63300, 63304, +63308<br>Instrumentation: +22845,<br>+22846, 22853, 22854<br>Bone Grafts: 20930, +20931,<br>+20936, +20937, +20938<br>Bone Marrow Aspiration:<br>20939 |
| Cervical Posterior<br>Decompression<br>(without fusion)                                   | 63045 | 63001, 63015, 63020, +63035,<br>63040, +63043, 63045, +63048,<br>63050, 63051 |                                                                                                                |                                                                                                                                                                                                               |
| Cervical Posterior<br>Decompression with<br>Fusion - Single Level                         | 22600 | 22590, 22595, 22600                                                           | <b>Decompression:</b> 63001, 63015,<br>63020, +63035, 63040, +63043,<br>63045, +63048, 63050, 63051            | Instrumentation: +22840,<br>+22841<br>Bone Grafts: +20930, +20931,<br>+20936, +20937                                                                                                                          |

| Cervical Posterior<br>Decompression with<br>Fusion - Multiple<br>Levels | 22595 | 22595, +22614          | Decompression: 63001, 63015,<br>63020, +63035, 63040, +63043,<br>63045, +63048, 63050, 63051<br>Single-Level Fusion: 22590, 22595,<br>22600 | Instrumentation: +22840,<br>+22841, +22842, +22843,<br>+22844<br>Bone Grafts: +20930, +20931,<br>+20936, +20937 |
|-------------------------------------------------------------------------|-------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Cervical Artificial<br>Disc - Single Level                              | 22856 | 22856, 22861           | Removal of Artificial Disc: 22864                                                                                                           | Instrumentation: 22845,<br>22853<br>Bone Grafts: +20930, +20931,<br>+20936, +20937, +20938                      |
| Cervical Artificial<br>Disc - Two Levels                                | 22858 | +22858, +0098T, +0095T | Single-Level Artificial Disc: 22856, 22861                                                                                                  | Instrumentation: 22845, 22853                                                                                   |
|                                                                         |       |                        | Removal of Artificial Disc: 22864                                                                                                           | <b>Bone Grafts</b> : +20930, +20931, +20936, +20937, +20938                                                     |

- Add-on codes (+) do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered.
  - Exception: multiple level add-on codes require an authorization for multiple level procedures.
- Payment for procedures is contingent on the patient's eligibility and plan limitations, if any, at the time the service is delivered.
- Musculoskeletal surgery services rendered through the Emergency Department are not managed by Evolent.
- Evolent does not prior authorize or manage the facility precertification for musculoskeletal surgery services.