



**Highmark Wholecare  
Utilization Review Matrix 2024  
Musculoskeletal Surgery (Spine)**

<b>CERVICAL SPINE SURGERY</b>				
<b>Primary Surgery Request</b>	<b>Primary CPT Code</b>	<b>Primary Surgery Allowable Billed Groupings</b>	<b>Additional Covered Procedures/Codes</b>	<b>Ancillary Procedures/Codes</b>
<p align="center"><i>Authorization is provided for the <u>primary surgery</u> requested. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary surgery request and when completed in combination, do not require a separate authorization.</i></p>				<p align="center"><i>These codes do not require prior authorization. If the main surgical procedure is approved, these codes are understood to be included in conjunction and do not require precertification from the health plan. *Please note: This is not an all-inclusive list of every ancillary code.</i></p>
<b>Cervical Anterior Decompression (without fusion)</b>	<b>63075</b>	63075, +63076		<b>Vertebral Corpectomy:</b> 63081, +63082, 63300, 63304, +63308  <b>Instrumentation:</b> +22859
<b>Anterior Cervical Decompression with Fusion - Single Level</b>	<b>22551</b>	22548, 22551, 22554	<b>Decompression:</b> 63075, +63076  <b>Removal of Artificial Disc:</b> 22864	<b>Vertebral Corpectomy:</b> 63081, +63082, 63300, 63304, +63308  <b>Instrumentation:</b> +22845, 22853, 22854  <b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938

<b>CERVICAL SPINE SURGERY</b>				
<b>Primary Surgery Request</b>	<b>Primary CPT Code</b>	<b>Primary Surgery Allowable Billed Groupings</b>	<b>Additional Covered Procedures/Codes</b>	<b>Ancillary Procedures/Codes</b>
<b>Anterior Cervical Decompression with Fusion - Multiple Levels</b>	<b>22552</b>	+22552, +22585	<b>Decompression:</b> 63075, +63076  <b>Single-Level ACDF:</b> 22548, 22551, 22554 <b>Removal of Artificial Disc:</b> 22864	<b>Vertebral Corpectomy:</b> 63081, +63082, 63300, 63304, +63308  <b>Instrumentation:</b> +22845, +22846, 22853, 22854  <b>Bone Grafts:</b> 20930, +20931, +20936, +20937, +20938  <b>Bone Marrow Aspiration:</b> 20939
<b>Cervical Posterior Decompression (without fusion)</b>	<b>63045</b>	63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, *63050, *63051		
<b>Cervical Posterior Decompression with Fusion - Single Level</b>	<b>22600</b>	22590, 22595, 22600	<b>Decompression:</b> 63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, *63050, *63051	<b>Instrumentation:</b> +22840, +22841  <b>Bone Grafts:</b> +20930, +20931, +20936, +20937
<b>Cervical Posterior Decompression with Fusion - Multiple Levels</b>	<b>22595</b>	22595, +22614	<b>Decompression:</b> 63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, 63050, 63051  <b>Single-Level Fusion:</b> 22590, 22595, 22600	<b>Instrumentation:</b> +22840, +22841, +22842, +22843, +22844  <b>Bone Grafts:</b> +20930, +20931, +20936, +20937
<b>Cervical Artificial Disc - Single Level</b>	<b>22856</b>	22856, 22861	<b>Removal of Artificial Disc:</b> 22864	<b>Instrumentation:</b> 22845, 22853

CERVICAL SPINE SURGERY				
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				<b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938
<b>Cervical Artificial Disc - Two Levels</b>	<b>22858</b>	+22858, +0098T, +0095T	<b>Single-Level Artificial Disc:</b> 22856, 22861 <b>Removal of Artificial Disc:</b> 22864	<b>Instrumentation:</b> 22845, 22853 <b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938

LUMBAR SPINE SURGERY				
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p><i>Authorization is provided for the <u>primary surgery</u> requested.</i></p> <p><i>There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary surgery request and when completed in combination, do not require a separate authorization.</i></p>				<p><i>These codes do not require prior authorization. If the main surgical procedure is approved, these codes are understood to be included in conjunction and do not require precertification from the health plan.</i></p> <p><i>*Please note: This is not an all-inclusive list of every ancillary code.</i></p>
<b>Lumbar Microdiscectomy</b>	<b>63030</b>	62380, 63030, +63035		
<b>Lumbar Decompression</b>	<b>63047</b>	63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	<b>Microdiscectomy:</b> 62380, 63030, +63035	

LUMBAR SPINE SURGERY				
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
Lumbar Fusion - Single Level	22612	*22533, 22558, 22612, 22630, 22633, +63052, +63053	<b>Microdiscectomy:</b> 62380, 63030, +63035  <b>Decompression:</b> 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	<b>Instrumentation:</b> +22840, +22841, +22842, +22845, +22853  <b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938  <b>Bone Marrow Aspiration:</b> 20939
Lumbar Fusion - Multiple Levels	22614	*+22534, +22585, +22614, +22632, +22634, +63052, +63053	<b>Microdiscectomy:</b> 62380, 63030, +63035  <b>Decompression:</b> 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057  <b>Single Level Fusion:</b> *22533, 22558, 22612, 22630, 22633	<b>Instrumentation:</b> +22840, +22841, +22842, +22845, +22853  <b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938  <b>Bone Marrow Aspiration:</b> 20939

- 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 (formerly National Imaging Associates, Inc).
- Evolent does not prior authorize or manage the facility precertification for musculoskeletal surgery services.
- *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*

For Medicaid members, per DHS, these codes are considered inpatient only. Regardless of medical necessity authorization of the primary procedure, claims with these codes that do not meet DHS criteria are not payable by Highmark Wholecare.

Please note not all codes listed may be covered by PA Medical Assistance. To validate, please reference the PA Medical Assistance Fee Schedule at: <https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx>

Evolent is a separate company that administers prior authorization for certain services for Highmark Wholecare.

**BCBSA Disclaimer:** Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association (“Highmark Wholecare”).