



**Evolent  
Blue Shield of California  
Utilization Review Matrix 2025  
Musculoskeletal Surgery (Spine)**

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.</i></p> <p><i>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 <sup>2</sup></b>	<b>63047</b>	63005, 63012, 63017, 63042, +63044, 63047, 63056, +63057	<b>Microdiscectomy:</b> 62380, 63030, +63035	
<b>Lumbar Fusion - Single Level <sup>2</sup></b>	<b>22612</b>	22533, 22558, 22612, 22630, 22633, +63052, +63053	<b>Microdiscectomy:</b> 62380, 63030, +63035  <b>Decompression:</b> 63005, 63012, 63017, 63042, +63044, 63047, 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 SPINE SURGERY				
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
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Lumbar Fusion - Multiple Levels <sup>1, 2</sup>	22614	+22585, +22614, +22632, +22634, +63052, +63053	<p><b>Microdiscectomy:</b> 62380, 63030, +63035</p> <p><b>Decompression:</b> 63005, 63012, 63017, 63042, +63044, 63047, 63056, +63057</p> <p><b>Single Level Fusion:</b> 22533, 22558, 22612, 22630, 22633</p>	<p><b>Instrumentation:</b> +22840, +22841, +22842, +22845, +22853</p> <p><b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938</p> <p><b>Bone Marrow Aspiration:</b> 20939</p>
Lumbar Artificial Disc – Single Level	22857	22857, 22862, 22865		
Lumbar Artificial Disc – Multiple Levels	22860	22860, +0164T, +0165T	<b>Single-Level Artificial Disc:</b> 22857, 22862, 22865	

## CERVICAL 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.</i></p> <p><i>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>Cervical Anterior Decompression (without fusion)</b>	<b>63075</b>	63075, +63076		<p><b>Vertebral Corpectomy:</b> 63081, +63082, 63300, 63304, +63308</p> <p><b>Instrumentation:</b> +22859</p>
<b>Anterior Cervical Decompression with Fusion - Single Level</b>	<b>22551</b>	22548, 22551, 22554	<p><b>Decompression:</b> 63075, +63076</p> <p><b>Removal of Artificial Disc:</b> 22864</p>	<p><b>Vertebral Corpectomy:</b> 63081, +63082, 63300, 63304, +63308</p> <p><b>Instrumentation:</b> +22845, 22853, 22854</p> <p><b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938</p>
<b>Anterior Cervical Decompression with Fusion - Multiple Levels</b>	<b>22552</b>	+22552, +22585	<p><b>Decompression:</b> 63075, +63076</p> <p><b>Single-Level ACDF:</b> 22548, 22551, 22554</p> <p><b>Removal of Artificial Disc:</b> 22864</p>	<p><b>Vertebral Corpectomy:</b> 63081, +63082, 63300, 63304, +63308</p> <p><b>Instrumentation:</b> +22845, +22846, 22853, 22854</p> <p><b>Bone Grafts:</b> 20930, +20931, +20936, +20937, +20938</p> <p><b>Bone Marrow Aspiration:</b> 20939</p>
<b>Cervical Posterior Decompression (without fusion) <sup>2</sup></b>	<b>63045</b>	63001, 63015, 63020, +63035, 63040, +63043, 63045, 63050, 63051		
<b>Cervical Posterior Decompression with Fusion - Single Level <sup>2</sup></b>	<b>22600</b>	22590, 22595, 22600	<p><b>Decompression:</b> 63001, 63015, 63020, +63035, 63040, +63043, 63045, 63050, 63051</p>	<p><b>Instrumentation:</b> +22840, +22841</p> <p><b>Bone Grafts:</b> +20930, +20931, +20936, +20937</p>

<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>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.</p>			<p>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.</p>	
<b>Cervical Posterior Decompression with Fusion - Multiple Levels <sup>2</sup></b>	<b>22595</b>	22595, +22614	<b>Decompression:</b> 63001, 63015, 63020, +63035, 63040, +63043, 63045, 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  <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

**Other Spine Procedure - No or Limited Evidence of Effectiveness**  
 These procedures are deemed experimental and/or investigational and are always denied.

Procedure Name	Primary CPT Code	Allowable Billed Groupings
Pre-Sacral/Axial Interbody Fusion	22586	22586

**Other - Registration Only Procedures**

Procedure Name	Primary CPT Code	Allowable Billed Groupings
Other Spine Surgery Procedures <sup>3</sup>	63001	0095T, 0098T, 0163T, 0164T, 0165T, 22533, 22548, 22551, +22552, 22554, 22558, +22585, 22590, 22595, 22600, 22612, +22614, 22630, +22632, 22633, +22634, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 62380, 63001, 63005, 63012, 63015, 63017, 63020, 63030, +63035, 63040, 63042, +63043, +63044, 63045, 63047, 63050, 63051, +63052, +63053, +63035, 63056, +63057, 63075, +63076
Thoracic Surgery <sup>3</sup>	22558	0095T, 0098T, 0163T, 0164T, 0165T, 22533, 22548, 22551, +22552, 22554, 22558, +22585, 22590, 22595, 22600, 22612, +22614, 22630, +22632, 22633, +22634, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 62380, 63001, 63005, 63012, 63015, 63017, 63020, 63030, +63035, 63040, 63042, +63043, +63044, 63045, 63047, 63050, 63051, +63052, +63053, +63035, 63056, +63057, 63075, +63076
Deformity Surgery <sup>3</sup>	22633	0095T, 0098T, 0163T, 0164T, 0165T, 22533, 22548, 22551, +22552, 22554, 22558, +22585, 22590, 22595, 22600, 22612, +22614, 22630, +22632, 22633, +22634, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 62380, 63001, 63005, 63012, 63015, 63017, 63020, 63030, +63035, 63040, 63042, +63043, +63044, 63045, 63047, 63050, 63051, +63052, +63053, +63035, 63056, +63057, 63075, +63076

- ***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*

<sup>1</sup> +22534 does not require Evolent review.

<sup>2</sup> +63048 does not require Evolent review.

<sup>3</sup> This procedure is registration only to support the client's claim edit component requiring authorization for surgeries not managed by Evolent but have overlapping CPT codes from Evolent's managed billable groupings.