



## Evolent Trillium Community Health Plan and Wellcare by Trillium Advantage Utilization Review Matrix 2025 Spine Surgery

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

LUMBAR SPINE SURGERY PROCEDURES					
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes	
Authorization is provided at the <u>procedure</u> level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.				These codes do not require prior authorization. If the main procedure is approved, these codes are understood to be included and do not require precertification from the health plan.  *Please note: This is not an all-inclusive list of every possible ancillary code.	
Lumbar Fusion - Multiple Levels	22614	+22534, +22585, +22614, +22632, +22634, +63052, +63053	Microdiscectomy: 62380, 63030, +63035  Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057  Single Level Fusion: 22533, 22558, 22612, 22630, 22633	Instrumentation: +22840, +22841, +22842, +22845, +22853  Bone Grafts: +20930, +20931, +20936, +20937, +20938  Bone Marrow Aspiration: 20939	
Lumbar Artificial Disc - Single Level	22857	22857, 22862, 22865			
Lumbar Artificial Disc - Multiple Levels	22860	22860, +0164T, +0165T	Single-Level Artificial Disc: 22857, 22862, 22865		
Sacroiliac Joint Fusion	27279	27279			

CERVICAL SPINE SURGERY PROCEDURES					
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes	
Authorization is provided at the <u>procedure</u> level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.			These codes do not require prior authorization. If the main procedure is approved, these codes are understood to be included and do not require precertification from the health plan.  *Please note: This is not an all-inclusive list of every possible ancillary code.		
Cervical Anterior Decompression (without fusion)	63075	63075, +63076		Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308 Instrumentation: +22859	
Cervical ACDF - Anterior Cervical Decompression with Fusion - Single Level	22551	22548, 22551, 22554	Decompression: 63075, +63076  Removal of Artificial Disc: 22864	Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308  Instrumentation: +22845, 22853, 22854  Bone Grafts: +20930, +20931, +20936, +20937, +20938	
Cervical ACDF - Anterior Cervical Decompression with Fusion - Multiple Levels	22552	+22552, +22585	Decompression: 63075, +63076  Single-Level ACDF: 22548, 22551, 22554  Removal of Artificial Disc: 22864	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)	63045	63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, 63050, 63051		,	
Cervical Posterior Decompression with Fusion - Single Level	22600	22590, 22595, 22600	<b>Decompression:</b> 63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, 63050, 63051	Instrumentation: +22840, +22841  Bone Grafts: +20930, +20931, +20936, +20937	

CERVICAL SPINE SURGERY PROCEDURES					
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes	
Authorization is provided at the <u>procedure</u> level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.				These codes do not require prior authorization. If the main procedure is approved, these codes are understood to be included and do not require precertification from the health plan.  *Please note: This is not an all-inclusive list of every possible ancillary code.	
Cervical Posterior Decompression with Fusion - Multiple Levels	22595	22595, +22614	<b>Decompression:</b> 63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, 63050, 63051	Instrumentation: +22840, +22841, +22842, +22843, +22844	
			<b>Single-Level Fusion:</b> 22590, 22595, 22600	<b>Bone Grafts:</b> +20930, +20931, +20936, +20937	
Cervical Artificial Disc - Single Level	22856	22856, 22861	Removal of Artificial Disc: 22864	Instrumentation: 22845, 22853  Bone Grafts: +20930, +20931, +20936, +20937, +20938	
Cervical	22858	+22858, +0098T, +0095T	Single-Level Artificial Disc: 22856, 22861	Instrumentation: 22845, 22853	
Artificial Disc - Two Levels			Removal of Artificial Disc: 22864	<b>Bone Grafts</b> : +20930, +20931, +20936, +20937, +20938	

- 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.
  - o Exception: multiple level add-on codes require an authorization for multiple level procedures.