



**Utilization Review Matrix 2025  
ConnectiCare  
Musculoskeletal Surgery (Spine)**

<b>LUMBAR 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>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	
<b>Lumbar Fusion - Single Level</b>	<b>22612</b>	22533, 22558, 22612, 22630,	<b>Microdiscectomy:</b> 62380, 63030, +63035	<b>Instrumentation:</b> +22840, +22841, +22842, +22845, +22853

LUMBAR SPINE SURGERY				
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		22633, +63052, +63053	<b>Decompression:</b> 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	<b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938  <b>Bone Marrow Aspiration:</b> 20939
<b>Lumbar Fusion - Multiple Levels</b>	<b>22614</b>	+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
<b>Lumbar Artificial Disc – Single Level</b>	<b>22857</b>	22857, 22862, 22865		
<b>Lumbar Artificial Disc – Multiple Levels</b>	<b>22860</b>	22860, +0164T, +0165T	<b>Single-Level Artificial Disc:</b> 22857, 22862, 22865	
<b>Sacroiliac Joint Fusion</b>	<b>27279</b>	27279		

## 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. 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	<b>Decompression:</b> 63075, +63076	<p><b>Vertebral Corpectomy:</b> 63081, +63082, 63300, 63304, +63308</p>

## 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. 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>
			<p><b>Single-Level ACDF:</b> 22548, 22551, 22554</p> <p><b>Removal of Artificial Disc:</b> 22864</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)</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	<p><b>Instrumentation:</b> +22840, +22841</p> <p><b>Bone Grafts:</b> +20930, +20931, +20936, +20937</p>
<b>Cervical Posterior Decompression with Fusion - Multiple Levels</b>	<b>22595</b>	22595, +22614	<p><b>Decompression:</b> 63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, 63050, 63051</p> <p><b>Single-Level Fusion:</b> 22590, 22595, 22600</p>	<p><b>Instrumentation:</b> +22840, +22841, +22842, +22843, +22844</p> <p><b>Bone Grafts:</b> +20930, +20931, +20936, +20937</p>
<b>Cervical Artificial Disc - Single Level</b>	<b>22856</b>	22856, 22861	<b>Removal of Artificial Disc:</b> 22864	<p><b>Instrumentation:</b> 22845, 22853</p> <p><b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938</p>

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

**DEFORMITY SURGERY, THORACIC SURGERY & OTHER SURGERIES**

Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes	Other Procedure Names
<p align="center">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>		
<p><b>Deformity Surgery</b>  <i>(Pediatric Deformity: Evolent requires registration of all pediatric deformity surgeries performed on patients who are age ≤17 years of age.)</i></p>	<p align="center"><b>22802</b></p>	<p>22800, 22802, 22804, 22808, 22810, 22812, 22830, 22630, +22632, 22206, 22207, +22208, 22210, 22212, 22214, +22216, 22220, 22222, 22224, +22226, 22558, 22633, +22614</p>	<p><b>Decompression:</b> 63030, 63035, 63042, 63044, 63046, 63047, 63048, 63055</p>	<p><b>Instrumentation:</b> 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22848, 22851, 22847, 22851  <b>Removal of instrumentation:</b> 22849, 22850, 22852, 22855  <b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938  <b>Bone Marrow Aspiration:</b> 20939</p>	<p>Deformity correction, Scoliosis correction</p>
<p><b>Thoracic Surgery (Non-Deformity)</b></p>	<p align="center"><b>22610</b></p>	<p>22532, +22534, 22556, 22585, 22610, +22614, 22830, 63003, 63016, 63046, +63048, 63055, +63057, 63064, +63066, 63077, +63078</p>	<p><b>Osteotomy:</b> 22212, 22216, 22222, 22226  <b>Corpectomy:</b> 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63103</p>	<p><b>Instrumentation:</b> 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22851  <b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938  <b>Bone Marrow Aspiration:</b> 20939</p>	

<b>Spine Surgery Other: Neoplasm, Lesion, Infection (All Regions)</b>	<b>63267</b>	<b>Lesion Decompression:</b> 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63290, 63295 <b>Fusion:</b> 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22554, 22556, 22558, 22585, 22532, 22533, 22534	<b>Excision:</b> 22100, 22101, 22102, 22103, 22110, 22112, 22114, 22116 <b>Corpectomy:</b> 63301, 63302, 63305, 63306, 63308, 63101, 63103	<b>Instrumentation (when fusion):</b> 22840, 22841, 22842, 22843, 22844, 22848, 22851, 22845, 22846, 22847, 22851 <b>Dural Repairs:</b> 63707, 63709, 63710	
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**Other Spine Procedures or Devices - No or Limited Evidence of Effectiveness**

ConnectiCare will not provide reimbursement for the following CPT codes as there is no or limited evidence these procedures are effective. Evolent (formerly National Imaging Associates, Inc.) prior authorization may be requested to review extenuating or unique clinical circumstances on a case-by case basis.

Procedure Name	Primary CPT Code	Allowable Billed Groupings
Pre-Sacral/Axial Interbody Fusion	22586	22586
Total Facet Arthroplasty	0202T	0202T

- **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.***