



**Wellcare Medicare of South Carolina  
Utilization Review Matrix 2025  
Musculoskeletal Spine Surgery**

LUMBAR SPINE SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p><i>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.</i></p>				<p><i>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.</i></p> <p><i>*Please note: This is not an all-inclusive list of every possible 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, 22633, +63052, +63053	<b>Microdiscectomy:</b> 62380, 63030, +63035	<b>Instrumentation:</b> +22840, +22841, +22842, +22845, +22853 <b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938

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			<p><b>Decompression:</b> 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057</p>	<p><b>Bone Marrow Aspiration:</b> 20939</p>
<p><b>Lumbar Fusion - Multiple Levels</b></p>	<p><b>22614</b></p>	<p>+22534, +22585, +22614, +22632, +22634, +63052, +63053</p>	<p><b>Microdiscectomy:</b> 62380, 63030, +63035</p> <p><b>Decompression:</b> 63005, 63012, 63017, 63042, +63044, 63047, +63048, 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>

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<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 PROCEDURES

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<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>Cervical ACDF - 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>

## CERVICAL SPINE SURGERY PROCEDURES

Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p><i>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.</i></p>				<p><i>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.</i></p> <p><i>*Please note: This is not an all-inclusive list of every possible ancillary code</i></p>
<b>Cervical ACDF - 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)</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	<p><b>Decompression:</b> 63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, 63050, 63051</p>	<p><b>Instrumentation:</b> +22840, +22841</p> <p><b>Bone Grafts:</b> +20930, +20931, +20936, +20937</p>

## CERVICAL SPINE SURGERY PROCEDURES

Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p><i>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.</i></p>				<p><i>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.</i></p> <p><i>*Please note: This is not an all-inclusive list of every possible ancillary code</i></p>
<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  <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

- ***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.*