



**WellCare of North Carolina (WellCare) Medicaid,
WellCare of North Carolina by Celtic Insurance Company (WellCare)
Exchange, and Wellcare Medicare
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
<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>
Lumbar Microdiscectomy	63030	62380, 63030, +63035		
Lumbar Decompression	63047	63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	Microdiscectomy: 62380, 63030, +63035	



LUMBAR SPINE SURGERY PROCEDURES

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



LUMBAR SPINE SURGERY PROCEDURES

Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p>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.</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>
<p>Lumbar Artificial Disc - Single Level</p>	<p>22857</p>	<p>22857, 22862, 22865</p>		
<p>Lumbar Artificial Disc - Multiple Levels</p>	<p>22860</p>	<p>22860, +0164T, +0165T</p>	<p>Single-Level Artificial Disc: 22857, 22862, 22865</p>	
<p>Sacroiliac Joint Fusion</p>	<p>27279</p>	<p>27279</p>		



CERVICAL SPINE SURGERY PROCEDURES

Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p>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.</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>
<p>Cervical Anterior Decompression (without fusion)</p>	<p>63075</p>	<p>63075, +63076</p>		<p>Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308</p> <p>Instrumentation: +22859</p>
<p>Cervical ACDF - Anterior Cervical Decompression with Fusion - Single Level</p>	<p>22551</p>	<p>22548, 22551, 22554</p>	<p>Decompression: 63075, +63076</p> <p>Removal of Artificial Disc: 22864</p>	<p>Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308</p> <p>Instrumentation: +22845, 22853, 22854</p> <p>Bone Grafts: +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>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.</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>
<p>Cervical ACDF - Anterior Cervical Decompression with Fusion - Multiple Levels</p>	<p>22552</p>	<p>+22552, +22585</p>	<p>Decompression: 63075, +63076</p> <p>Single-Level ACDF: 22548, 22551, 22554</p> <p>Removal of Artificial Disc: 22864</p>	<p>Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308</p> <p>Instrumentation: +22845, +22846, 22853, 22854</p> <p>Bone Grafts: 20930, +20931, +20936, +20937, +20938</p> <p>Bone Marrow Aspiration: 20939</p>
<p>Cervical Posterior Decompression (without fusion)</p>	<p>63045</p>	<p>63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, 63050, 63051</p>		



CERVICAL SPINE SURGERY PROCEDURES

Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p>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.</p>				<p>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.</p> <p><i>*Please note: This is not an all-inclusive list of every possible ancillary code</i></p>
Cervical Posterior Decompression with Fusion - Single Level	22600	22590, 22595, 22600	Decompression: 63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, 63050, 63051	Instrumentation: +22840, +22841 Bone Grafts: +20930, +20931, +20936, +20937
Cervical Posterior Decompression with Fusion - Multiple Levels	22595	22595, +22614	Decompression: 63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, 63050, 63051 Single-Level Fusion: 22590, 22595, 22600	Instrumentation: +22840, +22841, +22842, +22843, +22844 Bone Grafts: +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 Artificial Disc - Two Levels	22858	+22858, +0098T, +0095T	Single-Level Artificial Disc: 22856, 22861 Removal of Artificial Disc: 22864	Instrumentation: 22845, 22853 Bone Grafts: +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.
- 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