



**Utilization Review Matrix 2026
ConnectiCare**

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 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>
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 Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	Instrumentation: +22840, +22841, +22842, +22845, +22853 Bone Grafts: +20930, +20931, +20936, +20937, +20938 Bone Marrow Aspiration: 20939

LUMBAR SPINE SURGERY

Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p style="text-align: center;"><i>Authorization is provided for the <u>primary surgery</u> requested.</i></p> <p style="text-align: center;"><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 style="text-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.</i></p> <p style="text-align: center;"><i>*Please note: This is not an all-inclusive list of every ancillary code.</i></p>
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 - Percutaneous	27279	27279		

CERVICAL SPINE SURGERY

Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p>Authorization is provided for the <u>primary surgery</u> requested.</p> <p>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.</p> <p>*Please note: This is not an all-inclusive list of every ancillary code.</p>
Cervical Anterior Decompression (without fusion)	63075	63075, +63076		Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308 Instrumentation: +22859
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
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	Decompression: 63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, 63050, 63051	Instrumentation: +22840, +22841 Bone Grafts: +20930, +20931, +20936, +20937

CERVICAL SPINE SURGERY

Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p>Authorization is provided for the <u>primary surgery</u> requested.</p> <p>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><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>
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

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>Authorization is provided for the <u>primary surgery</u> requested.</p> <p>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.</p> <p>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.</p> <p>*Please note: This is not an all-inclusive list of every ancillary code.</p>	
Deformity Surgery <i>(Pediatric Deformity: Evolent requires registration of all pediatric deformity surgeries performed on patients who are age ≤17 years of age.)</i>	22802	22800, 22802, 22804, 22808, 22810, 22812, 22830, 22630, +22632, 22206, 22207, +22208, 22210, 22212, 22214, +22216, 22220, 22222, 22224, +22226, 22558, 22633, +22614	Decompression: 63030, 63035, 63042, 63044, 63046, 63047, 63048, 63055	Instrumentation: 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22848, 22851 22847, 22851 Removal of instrumentation: 22849, 22850, 22852, 22855 Bone Grafts: +20930, +20931, +20936, +20937, +20938 Bone Marrow Aspiration: 20939	Deformity correction, Scoliosis correction
Thoracic Surgery (Non-Deformity)	22610	22532, +22534, 22556, 22585, 22610, +22614, 22830, 63003, 63016, 63046, +63048, 63055, +63057, 63064, +63066, 63077, +63078	Osteotomy: 22212, 22216, 22222, 22226 Corpectomy: 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63103	Instrumentation: 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22851 Bone Grafts: +20930, +20931, +20936, +20937, +20938 Bone Marrow Aspiration: 20939	
Spine Surgery Other: Neoplasm, Lesion, Infection (All Regions)	63267	Lesion Decompression: 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295 Fusion: 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22554, 22556, 22558, 22585, 22532, 22533, 22534	Excision: 22100, 22101, 22102, 22103, 22110, 22112, 22114, 22116 Corpectomy: 63301, 63302, 63305, 63306, 63308, 63101, 63103	Instrumentation (when fusion): 22840, 22841, 22842, 22843, 22844, 22848, 22851, 22845, 22846, 22847, 22851 Dural Repairs: 63707, 63709, 63710	

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 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

- ***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***

Please note:

- Pediatric deformity spine surgery for patients under 18 will require pre-registration but will not be subject to preauthorization review including submission of documentation.

Inpatient Stays -

- All inpatient and outpatient spine surgery or implantable infusion pump insertion are managed by Evolent as outlined above.
- CCI Facility Management will manage the inpatient lengths of stay according to current internal processes.