



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><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>
Lumbar Microdiscectomy	63030	62380, 63030, +63035		
Lumbar Decompression	63047	63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	<b>Microdiscectomy:</b> 62380, 63030, +63035	
Lumbar Fusion - Single Level	22612	22533, 22558, 22612, 22630, 22633, +63052, +63053	<b>Microdiscectomy:</b> 62380, 63030, +63035  <b>Decompression:</b> 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	<b>Instrumentation:</b> +22840, +22841, +22842, +22845, +22853  <b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938  <b>Bone Marrow Aspiration:</b> 20939

## LUMBAR 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>
Lumbar Fusion - Multiple Levels	<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
Lumbar Artificial Disc – Single Level	<b>22857</b>	22857, 22862, 22865		
Lumbar Artificial Disc – Multiple Levels	<b>22860</b>	22860, +0164T, +0165T	<b>Single-Level Artificial Disc:</b> 22857, 22862, 22865	
Sacroiliac Joint Fusion - Percutaneous	<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>
Cervical Anterior Decompression (without fusion)	63075	63075, +63076		<p><b>Vertebral Corpectomy:</b> 63081, +63082, 63300, 63304, +63308</p> <p><b>Instrumentation:</b> +22859</p>
Anterior Cervical Decompression with Fusion - Single Level	22551	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>
Anterior Cervical Decompression with Fusion - Multiple Levels	22552	+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>
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	<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

Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<i>Authorization is provided for the <u>primary surgery</u> requested.</i> <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><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	<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
Cervical Artificial Disc - Single Level	<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
Cervical Artificial Disc - Two Levels	<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

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>	
<b>Deformity Surgery</b> <i>(Pediatric Deformity: Evident requires registration of all pediatric deformity surgeries performed on patients who are age ≤17 years of age.)</i>	<b>22802</b>	22800, 22802, 22804, 22808, 22810, 22812, 22830, 22630, +22632, 22206, 22207, +22208, 22210, 22212, 22214, +22216, 22220, 22222, 22224, +22226, 22558, 22633, +22614	<b>Decompression:</b> 63030, 63035, 63042, 63044, 63046, 63047, 63048, 63055	<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	Deformity correction, Scoliosis correction
<b>Thoracic Surgery</b> <i>(Non-Deformity)</i>	<b>22610</b>	22532, +22534, 22556, 22585, 22610, +22614, 22830, 63003, 63016, 63046, +63048, 63055, +63057, 63064, +63066, 63077, +63078	<b>Osteotomy:</b> 22212, 22216, 22222, 22226  <b>Corpectomy:</b> 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63103	<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	
<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 <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	

## 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.