



Utilization Review Matrix 2026
Tufts Health Plan

Spine Surgery

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> 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>
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				
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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
Sacroiliac Joint Fusion - Percutaneous ¹	27279	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 primary surgery 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>				<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>Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308</p> <p>Instrumentation: +22859</p>
Anterior Cervical Decompression with Fusion - Single Level	22551	22548, 22551, 22554	<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>
Anterior Cervical Decompression with Fusion - Multiple Levels	22552	+22552, +22585	<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>
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>Decompression: 63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, 63050, 63051</p>	<p>Instrumentation: +22840, +22841</p> <p>Bone Grafts: +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
<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 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*
 1. Effective for dates of service on or after October 1, 2021, Evolent will review prior authorization requests for SIJ fusion with use of fixation devices only.