

Utilization Review Matrix 2026 WellCare Medicare CT, FL, GA, HI, IA, IL, IN, KY, LA, NJ, NY, ME, MI, MO, MS, NC, OH, PA, SC, TN, TX, WA Members

Spine Surgery

LUMBAR SPINE SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
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.				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. *Please note: This is not an all-inclusive list of every possible ancillary code
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
	22612		Decompression: 63005, 63012, 63017, 63042,	Bone Grafts: +20930, +20931, +20936,

LUMBAR SPINE SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
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.				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. *Please note: This is not an all-inclusive list of every possible ancillary code
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 without Transfixation Device	27278	27278		
Sacroiliac Joint Fusion - Percutaneous	27279	27279		
Sacroiliac Joint Fusion - Open	27280	27280		

CERVICAL SPINE SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
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.				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.
				*Please note: This is not an all-inclusive list of every possible ancillary code
Cervical Anterior Decompression	63075	63075, +63076		Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308
(without fusion)				Instrumentation: +22859
Cervical ACDF - Anterior Cervical Decompression with	22551	22548, 22551, 22554	Decompression: 63075, +63076	Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308
			Removal of Artificial Disc: 22864	Instrumentation: +22845, 22853, 22854
Fusion - Single Level				Bone Grafts: +20930, +20931, +20936, +20937, +20938
				Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308
Cervical ACDF -	22552	+22552, +22585	Decompression: 63075, +63076	,
Anterior Cervical Decompression with Fusion - Multiple Levels			Single-Level ACDF: 22548, 22551, 22554	Instrumentation: +22845, +22846, 22853, 22854
			Removal of Artificial Disc: 22864	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 PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
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.				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.
				*Please note: This is not an all-inclusive list of every possible ancillary code
Cervical Posterior Decompression with	22595	22595, +22614	Decompression: 63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, 63050, 63051	Instrumentation: +22840, +22841, +22842, +22843, +22844
Fusion - Multiple Levels			Single-Level Fusion: 22590, 22595, 22600	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	Instrumentation: 22845, 22853
			Removal of Artificial Disc: 22864	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 (formerly National Imaging Associates).
- 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.

o Exception: multiple level add-on codes require an authorization for multiple level procedures.