



**Utilization Review Matrix 2021**  
PA Medicaid and PA Medicare Members

**Musculoskeletal Surgery (Spine)**

LUMBAR SPINE SURGERY					
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes	Other Procedure Names
<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>	
<b>Lumbar Microdiscectomy</b>	<b>63030</b>	62380, 63030, +63035			Discectomy
<b>Lumbar Decompression</b>	<b>63047</b>	63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	<b>Microdiscectomy:</b> 62380, 63030, +63035		Laminectomy, Laminotomy, Foraminotomy

<b>Lumbar Fusion - Single Level</b>	<b>22612</b>	*22533, 22558, 22612, 22630, 22633	<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	ALIF, TLIF, PLIF, XLIF, OLIF, Postero-lateral fusion
<b>Lumbar Fusion - Multiple Levels</b>	<b>22614</b>	*+22534, +22585, +22614, +22632, +22634	<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	ALIF, TLIF, PLIF, XLIF, OLIF, Postero-lateral fusion

## CERVICAL SPINE SURGERY

Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes	Other Procedure Names
<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.</i></p> <p><i>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>	
<b>Cervical Anterior Decompression (without fusion)</b>	<b>63075</b>	63075, +63076	<b>Vertebral Corpectomy:</b> 63081, +63082, 63300, 63304, +63308	<b>Instrumentation:</b> +22859	
<b>Anterior Cervical Decompression with Fusion - Single Level</b>	<b>22551</b>	22548, 22551, 22554	<b>Vertebral Corpectomy:</b> 63081, +63082, 63300, 63304, +63308  <b>Decompression:</b> 63075, +63076  <b>Removal of Artificial Disc:</b> 22864	<b>Instrumentation:</b> +22845, 22853, 22854  <b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938	ACDF
<b>Anterior Cervical Decompression with Fusion - Multiple Levels</b>	<b>22552</b>	+22552, +22585	<b>Vertebral Corpectomy:</b> 63081, +63082, 63300, 63304, +63308  <b>Decompression:</b> 63075, +63076  <b>Single-Level ACDF:</b> 22548, 22551, 22554	<b>Instrumentation:</b> +22845, +22846, 22853, 22854  <b>Bone Grafts:</b> 20930, +20931, +20936, +20937, +20938  <b>Bone Marrow Aspiration:</b> 20939	ACDF

			<b>Removal of Artificial Disc:</b> 22864		
<b>Cervical Posterior Decompression (without fusion)</b>	<b>63045</b>	63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, *63050, *63051			Lamino-foraminotomy, Laminectomy
<b>Cervical Posterior Decompression with Fusion - Single Level</b>	<b>22600</b>	22590, 22595, 22600	<b>Decompression:</b> 63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, *63050, *63051	<b>Instrumentation:</b> +22840, +22841 <b>Bone Grafts:</b> +20930, +20931, +20936, +20937	Posterior fusion, Arthrodesis
<b>Cervical Posterior Decompression with Fusion - Multiple Levels</b>	<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	Posterior fusion, Arthrodesis
<b>Cervical Artificial Disc - Single Level</b>	<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	Disc replacement, Disc arthroplasty, CADR
<b>Cervical Artificial Disc - Two Levels</b>	<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	Disc replacement, Disc arthroplasty, CADR

- **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 NIA/Magellan**
- **NIA/Magellan 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**

\* For Medicaid members, per DHS, these codes are considered inpatient only. Regardless of medical necessity authorization of the primary procedure, claims with these codes that do not meet DHS criteria are not payable by Gateway Health Plan.