



**Utilization Review Matrix 2026
Neighborhood Health Plan Rhode Island
Medicare and Medicaid Members**

Spine Surgery

LUMBAR SPINE SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p><i>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.</i></p>				<p><i>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.</i></p> <p><i>*Please note: This is not an all-inclusive list of every possible 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 PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
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 ¹	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
<p>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.</p>				<p>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.</p> <p><i>*Please note: This is not an all-inclusive list of every possible ancillary code</i></p>
Cervical Anterior Decompression (without fusion)	63075	63075, +63076		Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308 Instrumentation: +22859
Cervical ACDF - 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
Cervical ACDF - 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 PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p>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.</p>				<p>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.</p> <p><i>*Please note: This is not an all-inclusive list of every possible ancillary code</i></p>
Cervical Posterior Decompression with Fusion - Multiple Levels	22595	22595, +22614	<p>Decompression: 63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, 63050, 63051</p> <p>Single-Level Fusion: 22590, 22595, 22600</p>	<p>Instrumentation: +22840, +22841, +22842, +22843, +22844</p> <p>Bone Grafts: +20930, +20931, +20936, +20937</p>
Cervical Artificial Disc - Single Level	22856	22856, 22861	Removal of Artificial Disc: 22864	<p>Instrumentation: 22845, 22853</p> <p>Bone Grafts: +20930, +20931, +20936, +20937, +20938</p>
Cervical Artificial Disc - Two Levels	22858	+22858, +0098T, +0095T	<p>Single-Level Artificial Disc: 22856, 22861</p> <p>Removal of Artificial Disc: 22864</p>	<p>Instrumentation: 22845, 22853</p> <p>Bone Grafts: +20930, +20931, +20936, +20937, +20938</p>

- **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.**

Note: 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 CPT codes 0164T and 0165T are not a covered service and are not reimbursable.