



**Utilization Review Matrix 2021
MVP Health Care**

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>	
Lumbar Microdiscectomy	63030	62380, 63030, +63035			Discectomy
Lumbar Decompression	63047	63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	Microdiscectomy: 62380, 63030, +63035		Laminectomy, Laminotomy, Foraminotomy

<p>Lumbar Fusion - Single Level</p>	<p>22612</p>	<p>22533, 22558, 22612, 22630, 22633</p>	<p>Microdiscectomy: 62380, 63030, +63035</p> <p>Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057</p>	<p>Instrumentation: +22840, +22841, +22842, +22845, +22853</p> <p>Bone Grafts: +20930, +20931, +20936, +20937, +20938</p> <p>Bone Marrow Aspiration: 20939</p>	<p>ALIF, TLIF, PLIF, XLIF, OLIF, Postero-lateral fusion</p>
<p>Lumbar Fusion - Multiple Levels</p>	<p>22614</p>	<p>+22534, +22585, +22614, +22632, +22634</p>	<p>Microdiscectomy: 62380, 63030, +63035</p> <p>Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057</p> <p>Single Level Fusion: 22533, 22558, 22612, 22630, 22633</p>	<p>Instrumentation: +22840, +22841, +22842, +22845, +22853</p> <p>Bone Grafts: +20930, +20931, +20936, +20937, +20938</p> <p>Bone Marrow Aspiration: 20939</p>	<p>ALIF, TLIF, PLIF, XLIF, OLIF, Postero-lateral fusion</p>

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>	
Cervical Anterior Decompression (without fusion)	63075	63075, +63076	Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308	Instrumentation: +22859	
Anterior Cervical Decompression with Fusion - Single Level	22551	22548, 22551, 22554	Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308 Decompression: 63075, +63076 Removal of Artificial Disc: 22864	Instrumentation: +22845, 22853, 22854 Bone Grafts: +20930, +20931, +20936, +20937, +20938	ACDF
Anterior Cervical Decompression with Fusion - Multiple Levels	22552	+22552, +22585	Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308 Decompression: 63075, +63076 Single-Level ACDF: 22548, 22551, 22554 Removal of Artificial Disc: 22864	Instrumentation: +22845, +22846, 22853, 22854 Bone Grafts: 20930, +20931, +20936, +20937, +20938 Bone Marrow Aspiration: 20939	ACDF

Cervical Posterior Decompression (without fusion)	63045	63001, 63015, 63020, +63035, 63040, +63043, 63045, +63048, 63050, 63051			Lamino-foraminotomy, Laminectomy
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	Posterior fusion, Arthrodesis
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	Posterior fusion, Arthrodesis
Cervical Artificial Disc - Single Level	22856	22856, 22861	Removal of Artificial Disc: 22864	Instrumentation: 22845, 22853 Bone Grafts: +20930, +20931, +20936, +20937, +20938	Disc replacement, Disc arthroplasty, CADR
Cervical Artificial Disc - Two Levels ¹	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	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**

¹ CPT codes for procedures performed with Cervical Artificial Disc Replacement - are not a covered service and are not reimbursable +0095T, +0098T.



**Utilization Review Matrix 2021
MVP Health Care**

Musculoskeletal Surgery (Hip, Knee and Shoulder)

HIP SURGERY				
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered 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>				
Revision/Conversion Hip Arthroplasty	27134	27132, 27134, 27137, 27138		Revision hip replacement, Revision THA, Revision THR, "Re-do" hip replacement
Total Hip Arthroplasty/Resurfacing ¹	27130	27130, S2118		Total hip replacement, THA, THR
Femoroacetabular Impingement (FAI) Hip Surgery	29914	29914, 29915, 29916	Loose Body Removal: 29861 Chondroplasty: 29862 Synovectomy: 29863	Labral repair, Cartilage repair, CAM lesion, Pincer lesion, Acetabuloplasty, Femoroplasty
Hip Surgery – Other	29863	29860, 29861, 29862, 29863		Diagnostic arthroscopy, Synovectomy, Loose body removal, Debridement, Chondroplasty, Hip scope

KNEE SURGERY

Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered 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>				
Revision Knee Arthroplasty	27487	27486, 27487		Revision knee replacement, Revision TKA, Revision TKR, "Re-do" knee replacement
Total Knee Arthroplasty (TKA)	27447	27447		Total knee replacement, TKA, TKR
Partial-Unicompartmental Knee Arthroplasty (UKA)	27446	27446, 27438		Partial knee replacement, Unicompylar knee replacement
Knee Manipulation under Anesthesia (MUA)	27570	27570, 29884		Lysis of adhesions, Scar tissue removal
Knee Ligament Reconstruction/Repair	29888	27405, 27407, 27409, 27427, 27428, 27429, 29888, 29889	<p>Meniscectomy: 27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883</p> <p>Autologous chondrocyte implantation: 27412</p> <p>Osteochondral Allograft/Autograft: 27415, 27416, 29866, 29867</p> <p>Anterior tibial tubercleplasty: 27418</p> <p>Reconstruction of Dislocating Patella: 27420, 27422, 27424</p> <p>Lateral Release: 27425, 29873</p> <p>Chondroplasty: 29877</p> <p>Microfracture: 29879</p>	Anterior cruciate ligament (ACL), Posterior cruciate ligament (PCL), Medial collateral ligament (MCL), Lateral collateral ligament (LCL), Medial Patellofemoral Ligament (MPFL), Dislocating patella
Knee	29880	27332, 27333, 27403,	Autologous chondrocyte implantation:	

<p>Meniscectomy/Meniscal Repair/Meniscal Transplant</p>		<p>29868, 29880, 29881, 29882, 29883</p>	<p>27412</p> <p>Osteochondral Allograft/Autograft: 27415, 27416, 29866, 29867</p> <p>Anterior tibial tubercleplasty: 27418</p> <p>Reconstruction of Dislocating Patella: 27420, 27422, 27424</p> <p>Lateral Release: 27425, 29873</p> <p>Loose Body Removal: 29874</p> <p>Synovectomy: 29875, 29876</p> <p>Chondroplasty: 29877</p> <p>Microfracture: 29879</p> <p>G0289</p>	
<p>Knee Surgery – Other</p>	<p>29879</p>	<p>27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 29866, 29867, 29870, 29873, 29874, 29875, 29876, 29877, 29879, G0289</p>		<p>Diagnostic arthroscopy, Autologous chondrocyte implantation, Osteochondral Allograft/Autograft, Anterior tibial tubercleplasty, Reconstruction of Dislocating Patella, Lateral Release, Loose Body Removal, Synovectomy, Chondroplasty, Microfracture</p>

SHOULDER SURGERY

Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered 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>				
Revision Shoulder Arthroplasty	23474	23473, 23474		Revision shoulder replacement, Revision TSA, Revision TSR, "Re-do" shoulder replacement
Total/Reverse Shoulder Arthroplasty or Resurfacing	23472	23472		Total shoulder replacement, TSA, TSR
Partial Shoulder Arthroplasty/Hemiarthroplasty	23470	23470		Partial shoulder replacement
Frozen Shoulder Repair/Adhesive Capsulitis	29825	29825	Manipulation under Anesthesia: 23700	Lysis of adhesions, Capsular release, Break up scar tissue
Shoulder Labral Repair	29806	23450, 23455, 23460, 23462, 23465, 23466, 29806, 29807	Claviclectomy: 23120, 23125 Acromioplasty: 23130 Coracoacromial ligament release: 23415 Biceps Tenotomy/Tenodesis: 23405, 23430, 29828 Synovectomy: 29820, 29821 Debridement: 29822, 29823 Distal Clavicle Excision (Mumford procedure): 29824 Subacromial Decompression: 29826	SLAP repair, Bankart repair (can include Remplissage procedure), Capsulorrhaphy, Latarjet procedure
Shoulder Rotator Cuff Repair	29827	23410, 23412, 23420, 29827	Claviclectomy: 23120, 23125	Arthroscopic superior capsular reconstruction

			Acromioplasty: 23130 Coracoacromial ligament release: 23415 Biceps Tenotomy/Tenodesis: 23405, 23430, 29828 Synovectomy: 29820, 29821 Debridement: 29822, 29823 Distal Clavicle Excision (Mumford procedure): 29824 Subacromial Decompression: 29826	
Shoulder Surgery - Other	23415	23120, 23125, 23130, 23405, 23415, 23430, 23700, 29805, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29828		Diagnostic arthroscopy, Claviculectomy, Acromioplasty, Coracoacromial ligament release, Biceps Tenotomy/Tenodesis, Synovectomy, Debridement, Distal Clavicle Excision (Mumford procedure), Subacromial Decompression

- ***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.***

NOTE: If any joint surgery is to be performed bilaterally on the same date of service, separate authorizations are required.

¹ S codes are not payable for Medicare members.



**Utilization Review Matrix 2021
MVP Health Care**

Interventional Pain Management

Procedure Name	Primary CPT Code	Allowable Billed Groupings
Sacroiliac Joint Injection	27096	27096, G0260
Cervical/Thoracic Interlaminar Epidural	62321	62320, 62321, 64479, +64480
Cervical/Thoracic Transforaminal Epidural	64479	62320, 62321, 64479, +64480
Lumbar/Sacral Interlaminar Epidural	62323	62322, 62323, 64483, +64484
Lumbar/Sacral Transforaminal Epidural	64483	62322, 62323, 64483, +64484
Cervical/Thoracic Facet Joint Block ¹	64490	64490, + 64491, +64492
Lumbar/Sacral Facet Joint Block ¹	64493	64493, +64494, +64495
Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	64633	64633, +64634
Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	64635	64635, +64636

- ***Interventional pain management services rendered in an Emergency Room, Observation Room, Intraoperatively, or as a Hospital Inpatient are not managed by NIA/Magellan***
- *Add-on codes (+) do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered.*
- *NOTE: due the repeat nature of IPM procedures, multiple authorizations may exist within the same validity period*

¹ CPT codes for procedures performed with ultrasound guidance are not a covered service and are not reimbursable: 0213T, +0214T, +0215T, 0216T, +0217T, +0218T