Magellan HEALTHCARE SM

Utilization Review Matrix 2020 – BlueChoice® HealthPlan of South Carolina
Interventional Pain Management and Musculoskeletal Surgery

The matrix below contains all of the CPT-4 codes for which NIA/Magellan Healthcare authorizes on behalf of its clients. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those procedures authorized by NIA/Magellan Healthcare.

Interventional Pain Management: Outpatient

If a procedure is billed under any one of the given codes for that allowable billed groupings and a valid authorization number has been issued within the date of service validity period, the charge for any of the allowable billed grouping codes should be allowed. If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

***Please note: Interventional Pain Management Spine Services rendered in an Emergency Room Observation Room, or hospital inpatient setting are not managed by NIA.**

Authorized CPT Code	Description	Allowable Billed Groupings
62321	Cervical/Thoracic Interlaminar Epidural	62320, 62321, 64479, +64480
64479	Cervical/Thoracic Transforaminal Epidural	62320, 62321, 64479, +64480
62323	Lumbar/Sacral Interlaminar Epidural	62322, 62323, 64483, +64484
64483	Lumbar/Sacral Transforaminal Epidural	62322, 62323, 64483, +64484
64490	Cervical/Thoracic Facet Joint Block	64490, + 64491, +64492
64493	Lumbar/Sacral Facet Joint Block	64493, +64494, +64495
64633	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	64633, +64634
64635	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	64635, +64636

CPT codes for procedures performed with ultrasound guidance are not a covered service and are not reimbursable: 0213T, +0214T, +0215T, 0216T, +0217T, +0218T, 0228T, +0229T, 0230T, +0231T, 0095T.

+ codes (add on codes) do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered.

Cervical and Lumbar Spine Surgery: Inpatient and Outpatient

If a procedure is billed under any one of the given codes for that allowable billed groupings and a valid authorization number has been issued within the date of service validity period, the charge for any of the allowable billed grouping codes should be allowed. If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

***Please note: NIA/Magellan Healthcare does not prior authorize or manage the facility precertification for Musculoskeletal surgery services. Musculoskeletal surgery services rendered through the Emergency Room are not managed by NIA. All other inpatient and outpatient Musculoskeletal surgery procedures are managed by NIA/Magellan Healthcare for the surgeries outlined below.**

LUMBAR SPINE SURGERY		
Authorized CPT Code	**Description**	**Allowable Billed Groupings**
22612	**Lumbar Fusion - Single Level****	**22533, 22558, 22612, 22630, 22633**
22614	**Lumbar Fusion - Multiple Levels****	**22533, 22558, 22612, 22630, 22633, +22534, +22585, +22614, +22632, +22634**
63030	**Lumbar Microdiscectomy**	**62380, 63030, +63035**
63047	**Lumbar Decompression**	**62380, 63030, +63035, 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057**

CERVICAL SPINE SURGERY		
Authorized CPT Code	**Description**	**Allowable Billed Groupings**
22551	**Anterior Cervical Decompression with Fusion - Single Level** (ACDF)**	**22548, 22551, 22554**
22552	**Anterior Cervical Decompression with Fusion - Multiple Level** (ACDF)**	**22548, 22551, 22554, +22552, +22585**
22595	**Cervical Posterior Decompression with Fusion - Multiple Levels****	**22590, 22595, 22600, +22614**
22600	**Cervical Posterior Decompression with Fusion - Single Level****	**22590, 22595, 22600**
22856	**Cervical Artificial Disc – Single Level**	**22856, 22861, 22864**
22858	**Cervical Artificial Disc – Two Levels**	**22856, 22861, 22864, +22858, +0098T**
63045	**Cervical Posterior Decompression *(without fusion)***	**63001, 63015, 63020, 63040, 63045, 63050, 63051, +63035, +63043, +63048,**
63075	**Cervical Anterior Decompression (without fusion)**	**63075, +63076**

** Decompression procedures, instrumentation, and bone grafts are assumed as part of the lumbar fusion authorization and when done in combination, do not require a separate authorization.

+ Codes (add on codes) do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered. The only exception is multiple level add-on codes require an authorization for multiple level procedures.

NOTE: Spine surgeries typically have more than one CPT associated with each case and often times a decompression is performed during the fusion surgery—both will be billed.