

**Cigna Commercial & Medicare Advantage
Prior Authorization Procedure List: Spine Surgery**

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
Musculoskeletal	Spine Surgery	20930	Allograft, Morselized, Or Placement Of Osteopromotive Material, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	20931	Allograft, Structural, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	20936	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg, Ribs, Spinous Process, Or Laminar Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	20937	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	20938	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural, Bicortical Or Tricortical (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	20975	Electrical Stimulation To Aid Bone Healing; Invasive (Operative)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	Out of Scope	Out of Scope	Yes	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
Musculoskeletal	Spine Surgery	22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment, lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22510	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Cervicothoracic	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22511	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Lumbosacral	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22512	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Each Additional Cervicothoracic Or Lumbosacral Vertebral Body(List Separately In Addition To Code Fo	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22513	Percutaneous Vertebral Augmentation, Including Cavity Creation(Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imaging Guidance;	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22514	Percutaneous Vertebral Augmentation, Including Cavity Creation (Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body, Unilateral, Or Bilateral Cannulation, Inclusive Of All Imaging Guidanc	Out of Scope	Out of Scope	Yes	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
Musculoskeletal	Spine Surgery	22515	Percutaneous Vertebral Augmentation, Including Cavity Creation(Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device(Eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imaging Guidance; E	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more add'l levels (List separately in addition to code for primary procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22533	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22534	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic Or Lumbar, Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22551	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22552	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2, Each Additional Interspace (List Separately In Addition To Code For Separate Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22554	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Cervical Below C2	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22558	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22585	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
Musculoskeletal	Spine Surgery	22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22600	Arthrodesis, Posterior Or Posterolateral Technique, Single interspace, Cervical Below C2 Segment	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22612	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Lumbar (With Lateral Transverse Technique, When Performed)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22614	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22630	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22632	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22633	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression), Single Interspace; Lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace (List sep	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Out of Scope	Out of Scope	Yes	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
Musculoskeletal	Spine Surgery	22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary proced	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22841	Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22842	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 3 To 6 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22843	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 7 To 12 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22844	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 13 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22845	Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22846	Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22847	Anterior Instrumentation; 8 Of More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
Musculoskeletal	Spine Surgery	22848	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Structures) Other Than Sacrum (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22849	Reinsertion of spinal fixation device	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22852	Removal of posterior segmental instrumentation	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22853	Insertion Of Interbody Biomechanical Device(S) (Eg, Synthetic Cage, Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg, Screws, Flanges), When Conjunction With Interbody Arthrodesis, Each Interspace (List Performed, To Intervertebral D	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22854	Insertion Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage, Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg, Screws, Flanges), When Performed, To Vertebral Corpectomy(ies) (Vertebral Body Resection, Partial Or Complete)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22855	Removal of anterior instrumentation	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22856	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophyctectomy For Nerve Root Or Spinal Cord Decompression And Microdissection), Single Interspace, Cervical	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22857	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace, Lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22858	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophyctectomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level, Cervical (List Separately In Addition T	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22859	Insertion Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage, Mesh, Methylmethacrylate) To Intervertebral Disc Space Or Vertebral Body Defect Without Interbody Arthrodesis, Each Contiguous Effect (List Separately In Addition To Code For Primary	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	Out of Scope	Out of Scope	Yes	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
Musculoskeletal	Spine Surgery	22861	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22862	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22867	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Single Level	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22868	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Second Level (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22869	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Single Level	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22870	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Second Level (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	22899	Unlisted procedure, spine	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	27278	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Out of Scope	Out of Scope	Yes	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
Musculoskeletal	Spine Surgery	62287	Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	62290	Injection procedure for discography, each level; lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	62380	Endoscopic Decompression Of Spinal Cord, Nerve Root(S), Including Laminotomy, Partial Facetectomy, Foraminotomy, Discectomy And/Or Excision Of Herniated Intervertebral Disc, 1 Interspace, Lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63001	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Cervical	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63005	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Lumbar, Except For Spondylolisthesis	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With Decompression Of Cauda Equina And Nerve Roots For Spondylolisthesis, Lumbar (Gill Type Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63015	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), More Than 2 Vertebral Segments; Cervical	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63017	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), More Than 2 Vertebral Segments; Lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63020	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Cervical	Out of Scope	Out of Scope	Yes	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
Musculoskeletal	Spine Surgery	63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63044	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Each Additional Lumbar Interspace (List Separately In Additi	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63045	Laminectomy, Facetectomy And Forminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[S], [Eg, Spinal Or Lateral Recess Stenosis], Single Vertebral Segment; Cervical	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63047	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root(S), [Eg, Spinal Or Lateral Recess Stenosis]), Single Vertebral Segment; Lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63048	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[S], [Eg, Spinal Or Lateral Recess Stenosis]), Single Vertebral Segment; Each Additional Vertebral Segment, Cervical, Thora	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63056	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disc), Single Segment; Lumbar (Including Transfacet, Or Lateral Extraforaminal Approach) (Eg, Far Lateral Herniated Intervertebral Disc)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63057	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disc), Single Segment; Each Additional Segment, Thoracic Or Lumbar (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; thoracic, single interspace	Out of Scope	Out of Scope	Yes	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
Musculoskeletal	Spine Surgery	63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63081	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical, Single Segment	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63082	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical, Each Additional Segment (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	64999	Unlisted procedure, spine	Out of Scope	Out of Scope	Unlisted	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
Musculoskeletal	Spine Surgery	0098T	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Cervical (List separately In Addition To Code For Primary Procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	0200T	Percutaneous sacral augmentation (sacroplasty) unilateral injection(s), inc the use of a balloon or mechanical device (if utilized), one or more needles	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	0201T	Percutaneous sacral augmentation (sacroplasty) unilateral injection(s), inc the use of a balloon or mechanical device (if utilized), two or more needles	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	C1821	Interspinous process distraction device (implantable)	Out of Scope	Out of Scope	Yes	CareCore National
Musculoskeletal	Spine Surgery	C2614	Probe, percutaneous lumbar discectomy	Out of Scope	Out of Scope	Yes	CareCore National

CPT copyright 2026 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.