

SummaCare Spine Surgery Code List

| Product | Category | CPT® Code | CPT® Code Description | SummaCare | SummaCare MEDICARE |
|-----------------|---------------|-----------|---|-----------------------------|-----------------------------|
| Musculoskeletal | Spine Surgery | 0165T | Revision Including Replacement Of Total Disc Arthroplasty (Artificialdisc), Anterior Approach, Each Additional Interspace, Lumbar (List Separately In Addition To Code For Primary Procedure) | Add-On Code | Add-On Code |
| Musculoskeletal | Spine Surgery | 0164T | Removal Of Total Disc Arthroplasty, (Artificial Disc), Anterior Approach,Each Additional Interspace, Lumbar (List Separately In Addition To Code For Primary Procedure) | Add-On Code | Add-On Code |
| Musculoskeletal | Spine Surgery | 0098T | Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Cervical (Listseparately In Addition To Code For Primary Procedure) | Add-On Code | Add-On Code |
| Musculoskeletal | Spine Surgery | 0095T | Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach,Each Additional Interspace, Cervical (List Separately In Addition To Code For Primary Procedure) | Add-On Code | Add-On Code |
| Musculoskeletal | Spine Surgery | E0749 | Osteogenesis Stimulator; Electrical, Surgically Implanted | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | E0748 | Osteogenesis Stimulator; Electrical, Noninvasive, Spinal Applications | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | C9757 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 27280 | Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 27279 | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 20930 | Allograft, Morselized, Or Placement Of Osteopromotive Material, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |

| Product | Category | CPT® Code | CPT® Code Description | SummaCare | SummaCare MEDICARE |
|-----------------|---------------|-----------|---|-----------------------------------|--------------------------------|
| Musculoskeletal | Spine Surgery | 0775T | Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 0275T | Percutaneous Laminotomy/Laminectomy (Interlaminar Approach) For Decompression Of Neural Elements, (With Or Without Ligamentous Resection, Discectomy, Facetectomy And/Or Foraminotomy), Any Method, Under Indirect Image Guidance (E.G. Fluoroscopic, Ct), Single Or Multiple Levels, Unilateral Or Bilateral; Lumbar | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 0274T | Percutaneous Laminotomy/Laminectomy (Interlaminar Approach) For Decompression Of Neural Elements, (With Or Without Ligamentous Resection, Discectomy, Facetectomy And/Or Foraminotomy), Any Method, Under Indirect Image Guidance (E.G. Fluoroscopic, Ct), Single Or Multiple Levels, Unilateral Or Bilateral; Cervical Or Thoracic. | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 63076 | Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Each Additional Interspace (List Separately In Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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, Thoracic, Or Lumbar (List Separately In Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 63043 | Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Each Additional Cervical Interspace (List Separately In Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 63035 | Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; Each Additional Interspace, Cervical Or Lumbar (List Separately In Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |

| Product | Category | CPT® Code | CPT® Code Description | SummaCare | SummaCare MEDICARE |
|-----------------|---------------|-----------|--|-----------------------------------|--------------------------------|
| Musculoskeletal | Spine Surgery | 22868 | Insertion Of Interlaminar/Interspinous Process Stabilization/Distractor Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Second Level (List Separately In Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22858 | Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophylectomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level, Cervical (List Separately In Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) Defect, In Conjunction With Interbody Arthrodesis, Each Contiguous Defect (List Separately In Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 Disc Space In Conjunction With Interbody Arthrodesis, Each Interspace (List Separately In Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 separately in addition to code for primary procedure) | PA Medical Necessity Review | PA Medical Necessity Review |

| Product | Category | CPT® Code | CPT® Code Description | SummaCare | SummaCare MEDICARE |
|-----------------|---------------|-----------|---|-----------------------------------|--------------------------------|
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22614 | Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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; Each Additional Thoracic Or Lumbar Vertebral Body(List Separately In Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 20931 | Allograft, Structural, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 63075 | Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Single Interspace | PA Medical Necessity Review | PA Medical Necessity Review |

| Product | Category | CPT® Code | CPT® Code Description | SummaCare | SummaCare MEDICARE |
|-----------------|---------------|-----------|---|-----------------------------------|--------------------------------|
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 63051 | Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or More Vertebral Segments; With Reconstruction Of The Posterior Bony Elements (Including The Application Of Bridging Bone Graft And Non-Segmental Fixation Devices (Eg, Wire, Suture, Mini-Plates), When Performed) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 63050 | Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or More Vertebral Segments | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 63040 | Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Cervical | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |

| Product | Category | CPT® Code | CPT® Code Description | SummaCare | SummaCare MEDICARE |
|-----------------|---------------|-----------|---|-----------------------------|-----------------------------|
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22862 | Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Lumbar | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22861 | Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical | PA Medical Necessity Review | PA Medical Necessity Review |
| 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) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22857 | Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace, Lumbar | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22856 | Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophytectomy For Nerve Root Or Spinal Cord Decompression And Microdissection), Single Interspace, Cervical | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22847 | Anterior Instrumentation; 8 Of More Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22846 | Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22845 | Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22841 | Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22630 | Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Lumbar | PA Medical Necessity Review | PA Medical Necessity Review |

| Product | Category | CPT® Code | CPT® Code Description | SummaCare | SummaCare MEDICARE |
|-----------------|---------------|-----------|---|-----------------------------------|--------------------------------|
| Musculoskeletal | Spine Surgery | 22612 | Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Lumbar (With Lateral Transverse Technique, When Performed) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22600 | Arthrodesis, Posterior Or Posterolateral Technique, Single interspace, Cervical Below C2 Segment | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22595 | Arthrodesis, posterior technique, atlas-axis (C1-C2) | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22558 | Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22554 | Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Cervical Below C2 | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22533 | Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 Guidance; Lumbar | PA Medical Necessity Review | PA Medical Necessity Review |
| 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; Thoracic | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22511 | Percutaneous Vertebroplasty (Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Lumbosacral | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22510 | Percutaneous Vertebroplasty (Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Cervicothoracic | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 20975 | Electrical Stimulation To Aid Bone Healing; Invasive (Operative) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 20974 | Electrical Stimulation To Aid Bone Healing; Non Invasive (Nonoperative) | PA Medical Necessity Review | PA Medical Necessity Review |

| Product | Category | CPT® Code | CPT® Code Description | SummaCare | SummaCare MEDICARE |
|-----------------|---------------|-----------|--|-----------------------------------|--------------------------------|
| Musculoskeletal | Spine Surgery | 0809T | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intra-articular implant(s), including allograft or synthetic device(s) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22222 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22532 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22556 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22610 | Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22800 | Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22802 | Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22804 | Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22808 | Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22810 | Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 22812 | Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 63003 | 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; thoracic | PA Medical Necessity Review | PA Medical Necessity Review |
| 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 | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 63046 | 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; thoracic | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 63055 | Transpedicular approach with decompression of spinal cord, equina and /or nerve root(s) (e.g., herniated intervertebral disc), single segment; thoracic | PA Medical Necessity Review | PA Medical Necessity Review |

| Product | Category | CPT® Code | CPT® Code Description | SummaCare | SummaCare MEDICARE |
|-----------------|---------------|-----------|--|-----------------------------------|--------------------------------|
| Musculoskeletal | Spine Surgery | 63077 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; thoracic, single interspace | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 63078 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure) | PA Medical Necessity Review | PA Medical Necessity Review |
| Musculoskeletal | Spine Surgery | 63266 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic | PA Medical Necessity Review | PA Medical Necessity Review |

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