

Excellus
Spine Services Code List

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
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	Out of Scope	PA Medical Necessity Review
20931	Allograft, structural, for spine surgery only (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Investigational	Out of Scope	PA Medical Necessity Review
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Investigational	Out of Scope	PA Medical Necessity Review
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below c2	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
22586	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Investigational	Out of Scope	Investigational
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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)diskect, prep interspace, sngl intrspc; add'l interspc	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
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 and segment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22841	Internal spinal fixation by wiring of spinous processes (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review

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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	Out of Scope	PA Medical Necessity Review
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when 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	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy 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	Out of Scope	PA Medical Necessity Review
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 Efect (List Separately In Addition To Code For Primary Procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
22868	Insertion of interlaminar/interspinous process stabilization/distraction 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	Out of Scope	PA Medical Necessity Review
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Investigational	Out of Scope	Investigational
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (list separately in addition to code for primary procedure)	Investigational	Out of Scope	Investigational
22899	Unlisted procedure, spine	Out of Scope	Out of Scope	Out of Scope
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	Investigational	Out of Scope	Investigational
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	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
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	Investigational	Out of Scope	Investigational
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	Investigational	Out of Scope	PA Medical Necessity Review
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	Investigational	Out of Scope	PA Medical Necessity Review
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 - Effective 8/21/2021	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63001	Laminectomy, w/o facetectomy/foraminotomy/diskectomy, 1/2 segments; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63005	Laminectomy w/o facetectomy/foraminotomy/diskectomy, 1/2 segments; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63012	Laminectomy w/removal, abnormal facets, lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63015	Laminectomy w/o facetectomy/foraminotomy/diskectomy, > 2 segments; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63017	Laminectomy w/o facetectomy/foraminotomy/diskectomy, > 2 segments; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63040	Laminotomy w/partl facetectomy/foramnotmy/herniated diskect, re-exploratn, sngle interspc; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63042	Laminotomy w/partl facetectomy/foraminotomy/herniated diskect, re-explor, sngle interspc; lumbar	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63043	Laminotmy w/partl facetect/foramnotmy/hern diskect, re-expl, sngl intrspc; each add'l cerv intrspc	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63044	Laminotmy w/partl facetect/foramnotmy/hern diskect, re-expl, sngl intrspc; each add'l lumbar intrspc	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63045	Laminectomy, facetectomy & foraminotomy, 1 segment; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
63075	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Single Interspace	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
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	Out of Scope	PA Medical Necessity Review
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	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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 for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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 in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
0195T	Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prep	Out of Scope	Out of Scope	Out of Scope
0196T	Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prep	Out of Scope	Out of Scope	Out of Scope
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	Investigational	Out of Scope	Investigational
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	Investigational	Out of Scope	Investigational
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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 (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral, cervical or thoracic	Investigational	Out of Scope	Investigational
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	Redirects to CPT Code 22510-22512	Out Of Scope	Redirects to CPT Code 22510-22512
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	Redirects to CPT Code 22510-22512	Out Of Scope	Redirects to CPT Code 22510-22512
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	Redirects to CPT Code 22513-22515	Out Of Scope	Redirects to CPT Code 22513-22515
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	Redirects to CPT Code 22513-22515	Out Of Scope	Redirects to CPT Code 22513-22515
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	Investigational	Out of Scope	Investigational
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Investigational	Out of Scope	Investigational

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