EviCore
By EVERNORTH

Health New England

Health New England
Prior Authorization Procedure Code List: Musculoskeletal Spine Surgery

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Musculoskeletal	Spine Surgery	20930	Allograft, Morselized, Or Placement Of Osteopromotive Material, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	20931	Allograft, Structural, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
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	Yes	Yes	Yes
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)	Yes	Yes	Yes
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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	20974	Electrical Stimulation To Aid Bone Healing; Non Invasive (Nonoperative)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	20975	Electrical Stimulation To Aid Bone Healing; Invasive (Operative)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg. Pedicle/vertebral body subtraction); thoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg. Pedicle/vertebral body subtraction); lumbar	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment, cervical	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Yes	Yes	Yes
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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22510	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Cervicothoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22511	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Lumbosacral	Yes	Yes	Yes
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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22513	Percutaneous Vertebral Augmenation, 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 Imgaing Guidance; Thoracic	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
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	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22515	Percutaneous Vertebral Augmenation, 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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22533	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	Yes	Yes	Yes
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 Separatelyin Addition To Code For Primary Procedure)	Yes	Yes	Yes
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	Yes	Yes	Yes
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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22554	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Cervical Below C2	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22558	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
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)	Yes	Yes	Yes
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	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22600	Arthrodesis, Posterior Or Posterolateral Technique, Single interspace, Cervical Below C2 Segment	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22612	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Lumbar (With Lateral Transverse Technique, When Performed)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22614	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22630	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Lumbar	Yes	Yes	Yes
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)	Yes	Yes	Yes
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	Yes	Yes	Yes
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)	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Musculoskeletal	Spine Surgery	22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Yes	Yes	Yes
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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22841	Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
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)	Yes	Yes	Yes
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)	Yes	Yes	Yes
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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22845	Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22846	Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22847	Anterior Instrumentation; 8 Of More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
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)	Yes	Yes	Yes
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)	Yes	Yes	Yes
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)	Yes	Yes	Yes
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	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22857	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace, Lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	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)	Yes	Yes	Yes
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 Efect (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22861	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22862	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Lumbar	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22867	Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Single Level	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	22869	Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Single Level	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	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)	Yes	Yes	Yes
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	Yes	Yes	Yes
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	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Musculoskeletal	Spine Surgery	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	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	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)	Yes	Yes	Yes
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	Yes	Yes	Yes
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	Yes	Yes	Yes
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	Yes	Yes	Yes
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	Yes	Yes	Yes
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)	Yes	Yes	Yes
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	Yes	Yes	Yes
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	Yes	Yes	Yes
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	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
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	Yes	Yes	Yes
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	Yes	Yes	Yes
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)	Yes	Yes	Yes
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	Yes	Yes	Yes
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	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63043	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Forminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Each Additional Cervical Interspace (List Separately In Addition To Code For Primary Procedure)	Yes	Yes	Yes
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)	Yes	Yes	Yes
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	Yes	Yes	Yes
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	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
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	Yes	Yes	Yes
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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or More Vertebral Segments	Yes	Yes	Yes
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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes
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	Yes	Yes	Yes
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)	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63075	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Single Interspace	Yes	Yes	Yes
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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	Yes	Yes	Yes
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	Yes	Yes	Yes
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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s), thoracic, single segment	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s), thoracic, each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equine or nerve root(s), lower thoracic or lumbar, single segment	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
Musculoskeletal	Spine Surgery	63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equine or nerve root(s), lower thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63090	Vertebral corpectomy (vertebral body resection), partial or complete , transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equine or nerve root(s), lower thoracic, lumbar, or sacral; single segment	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63091	Vertebral corpectomy (vertebral body resection), partial or complete , transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equine or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63101	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, single segment	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	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	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	Yes	Yes	Yes
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)	Yes	Yes	Yes
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)	Yes	Yes	Yes

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Medicaid Requires Prior Authorization
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)	Yes	Yes	Yes
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)	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	0274T	Percutaneous Laminotomy/Laminectomy (Interlaminar Approach) For Decompression Of Neural Elements, (With Or Without Ligamentous Resection, Descectomy, Facetectomy And/Or Foramintomy), Any Method, Under Indirect Image Guidance (E.G. Fluorsocpic, Ct), Single Or Multiple Levels, Unilateral Or Bilateral, Cervical Or Thoracic.	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	E0748	Osteogenesis Stimulator; Electrical, Noninvasive, Spinal Applications	Yes	Yes	Yes
Musculoskeletal	Spine Surgery	E0749	Osteogenesis Stimulator; Electrical, Surgically Implanted	Yes	Yes	Yes

CPT copyright 2027 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.