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SecurityHealth Plan
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# Security Health Plan
## Spine Surgery Code List

| CPT® Code | CPT® Code Description | Utilization Management | Claims Management |
|---|---|---|---|
| **20930** | Allograft, Morselized, Or Placement Of Osteopromotive Material, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure | Yes | No |
| **20931** | Allograft, Structural, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure) | Yes | No |
| **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 | No |
| **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 | No |
| **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 | No |
| **20974** | Electrical Stimulation To Aid Bone Healing; Non Invasive (Nonoperative) | Yes | No |
| **27278** | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral; placement of intra-articular structural bone graft, metal and/or synthetic device(s) without cortical piercing, including use of osteopromotive material and/or obtaining bone graft, when performed | Yes | Yes |
| **20975** | Electrical Stimulation To Aid Bone Healing; Invasive (Operative) | Yes | No |
| **22510** | Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Cervicothoracic | Yes | No |
| **22511** | Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Lumbosacral | Yes | No |
| **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 | No |
| **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 | No |
| **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 | No |

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| **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 | No |
| **22533** | Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar | Yes | No |
| **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 | No |
| **22551** | Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2 | Yes | No |
| **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 | No |
| **22554** | Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Cervical Below C2 | Yes | No |
| **22558** | Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar | Yes | No |
| **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 | No |
| **22595** | Arthrodesis, posterior technique, atlas-axis (C1-C2) | Yes | No |
| **22600** | Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment | Yes | No |
| **22612** | Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed) | Yes | No |
| **22614** | Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure) | Yes | No |
| **22630** | Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Lumbar | Yes | No |
| **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 | No |
| **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 | No |
| **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) | Yes | No |
| **22841** | Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure) | Yes | No |
| **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 | No |

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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) | Yes | No |
| 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 | No |
| 22845 | Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | Yes | No |
| 22846 | Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | Yes | No |
| 22847 | Anterior Instrumentation; 8 Of More Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | Yes | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 22857 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar | Yes | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 22861 | Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical | Yes | No |
| 22862 | Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Lumbar | Yes | No |
| 22867 | Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Single Level | Yes | No |
| 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 | No |
| 22869 | Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Single Level | Yes | No |

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| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 63020 | Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Cervical | Yes | No |
| 63030 | Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Lumbar | Yes | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 63050 | Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or More Vertebral Segments | Yes | No |

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| **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 | No |
| **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 | No |
| **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 | No |
| **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 | No |
| **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 | No |
| **63075** | Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Single Interspace | Yes | No |
| **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 | No |
| **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 | No |
| **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 | No |
| **0095T** | Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach,Each Additional Interspace, Cervical (List Separately In Addition To Code For Primary Procedure) | Yes | No |
| **0098T** | Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Cervical (Listseparately In Addition To Code For Primary Procedure) | Yes | No |
| **0164T** | Removal Of Total Disc Arthroplasty, (Artificial Disc), Anterior Approach,Each Additional Interspace, Lumbar (List Separately In Addition To Code For Primary Procedure) | Yes | No |
| **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 | No |
| **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 | Yes | No |
| **E0749** | Osteogenesis Stimulator; Electrical, Surgically Implanted - Out of Scope for Medicaid | Yes | No |

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