

Spinal Conditions Management and Joint Surgery Program Prior Authorization Code Matrix

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO
- Tufts Health Plan Senior Care Options (SCO) products

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector
- Tufts Health Together – A MassHealth MCO Plan and Accountable Care Partnership Plan
- Tufts Health Unify – OneCare Plan
- Tufts Health RItogether – A RI Medicaid Plan

Note: Audit and disclaimer information is located at the end of this document.

Effective April 1, 2018, USFHP is included in the Joint Surgery Program and joint surgery codes will be subject National Imaging Associates' (NIA) prior authorization requirements. Effective October 1, 2018, USFHP will be also included in the Spinal Condition Management program and all codes in this matrix will be subject to NIA's prior authorization requirements.

The matrix below contains all of the CPT codes for which NIA will authorize on behalf of Tufts Health Plan. The CPT codes for interventional pain management (IPM), spinal surgery, and joint surgery services are subject to prior authorization by NIA.

Tufts Health Plan does not compensate add-on codes (prefixed with +) if the primary procedure code has not been submitted for the same date of service. Add-on codes pertain to services performed in conjunction with a primary procedure and should never be reported as a stand-alone service. Refer to the AMA CPT manual for additional information.

INTERVENTIONAL PAIN MANAGEMENT: OUTPATIENT

If a procedure from the allowable billed groupings is billed, and a valid authorization number for the corresponding authorized CPT procedure code has been issued within the date of service validity period, the service is eligible for coverage, subject to the provisions of the member's benefit plan document.

Services for IPM rendered as part of emergency department (ED) services, observation services or in a hospital inpatient setting, are not subject to prior authorization.

If the billed CPT code does not match a corresponding CPT code from the allowable billed groupings, the claim will deny and the member is not responsible.

CPT Code	Description	Allowable Billed Groupings ²
62321	Cervical/thoracic interlaminar epidural	62320, 62321, 64479, +64480
64479	Cervical/thoracic transforaminal epidural	62320, 62321, 64479, +64480
62323	Lumbar/sacral interlaminar epidural	62322, 62323, 64483, +64484
64483	Lumbar/sacral transforaminal epidural	62322, 62323, 64483, +64484

¹ Commercial products include HMO, POS, PPO, and Tufts Health Freedom Plan.

² Add-on codes do not require separate authorization and are to be used in conjunction with the approved primary code for the service rendered.

CPT Code	Description	Allowable Billed Groupings ²
64490	Cervical/thoracic facet joint block	64490, +64491, +64492,
64493	Lumbar/sacral facet joint block	64493, +64494, +64495
64633	Cervical/thoracic facet joint radiofrequency neurolysis	64633, +64634
64635	Lumbar/sacral facet joint radiofrequency neurolysis	64635, +64636

Note: Due to the repeat nature of IPM procedures, multiple authorizations may exist within the same validity period.

The following CPT codes for procedures performed with ultrasound guidance are not a covered service and are nonreimbursable: 0213T, +0214T, +0215T, 0216T, +0217T, +0218T, 0228T, +0229T, 0230T, +0231T.

CERVICAL AND LUMBAR SPINE SURGERY

If a procedure from the allowable billed groupings column is billed and a valid authorization number for the corresponding authorized CPT procedure code has been issued within the date of service validity period, the service is eligible for coverage, subject to the provisions of the member's benefit plan document.

Spinal surgery services rendered as part of ED services are not subject to prior authorization. For procedures performed in an inpatient setting, inpatient notification is required from Tufts Health Plan in addition to the appropriate authorization.

If the billed CPT code does not match a corresponding CPT code from the allowable billed groupings column, the claim will deny and the member cannot be held responsible.

The CPT codes in the following tables for inpatient and outpatient cervical and lumbar spine surgery services are subject to prior authorization by NIA.

Note: Spine surgeries typically have more than one CPT associated with each case and often times a decompression is performed during the fusion surgery; in these instances, both will be billed.

LUMBAR SPINE SURGERY		
Procedure Code ³	Description	Allowable Billed Groupings ²
22612	Lumbar fusion – single level ³	22533, 22558, 22612, 22630, 22633
22614	Lumbar fusion – multiple levels ³	22533, 22558, 22612, 22630, 22633, +22534, +22585, +22614, +22632, +22634
63030	Lumbar microdiscectomy	62380 ⁴ , 63030, +63035
63047	Lumbar decompression	62380 ⁴ , 63030, +63035, 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057

CERVICAL SPINE SURGERY		
Procedure Code	Description	Allowable Billed Groupings ²
22551	Anterior cervical decompression with fusion (ACDF) – single level ³	22548, 22551, 22554, 63081
22552	Anterior cervical decompression with fusion (ACDF) – multiple level ³	22548, 22551, 22554, +22552, +22585, 63081
22595	Cervical posterior decompression with fusion – multiple levels ³	22590, 22595, 22600, +22614,

³ Decompression procedures, instrumentation, and bone grafts do not require a separate authorization when done in combination with a fusion. These are assumed to be included in the fusion authorization.

⁴ Effective for dates of service on or after January 1, 2019, code 62380 will no longer be considered noncovered/investigational.

CERVICAL SPINE SURGERY		
Procedure Code	Description	Allowable Billed Groupings²
22600	Cervical posterior decompression with fusion – single level ³	22590, 22595, 22600,
22856 ⁴	Cervical artificial disc – single level	22856, 22861, 22864
22858	Cervical artificial disc – two levels ⁴	22858, 0098T, 0095T
63045	Cervical posterior decompression (without fusion)	63001, 63015, 63020, 63040, 63045, 63050, 63051, +63035, +63043, +63048
63075	Cervical anterior decompression (without fusion)	63075, +63076

OTHER PROCEDURES OR DEVICES – NO OR LIMITED EVIDENCE OF EFFECTIVENESS (considered noncovered investigational services)		
Procedure Code	Description	Allowable Billed Groupings
22526	Percutaneous thermal intra-discal procedures (including IDET)	22526, 22527, 22899
22586	Pre-sacral/axial interbody fusion ⁵	22586, 0195T, 0196T, 22899
62287	Minimally invasive decompression (including MILD)	62287, 0274T, 0275T

Add-on codes (prefixed with +) do not require separate authorizations and are to be used in conjunction with approved primary code for the service rendered. The only exceptions are for the following:

- Multiple-level fusion add-on codes require an authorization prior to compensation
- Multiple-level cervical artificial disc add-on codes should not be assumed payable with a single-level cervical artificial disc authorization

JOINT SURGERY

If a procedure from the allowable billed groupings is billed, and a valid authorization number for the corresponding authorized CPT procedure code has been issued within the date of service validity period, the service is eligible for coverage, subject to the provisions of the member's benefit plan document.

Note: Joint surgery services rendered as part of ED services are not subject to prior authorization. For procedures performed in an inpatient setting, inpatient notification is required from Tufts Health Plan in addition to the appropriate authorization.

HIP SURGERY		
Procedure Code	Description	Allowable Billed Groupings²
27134	Revision/conversion hip arthroplasty	27132, 27134, 27137, 27138
27130	Total hip arthroplasty/resurfacing	27130, S2118
29914	Femoroacetabular impingement (FAI) hip surgery <i>Includes CAM/pincher and labral repair</i>	29914, 29915, 29916
29863	Hip surgery – other <i>Includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy</i>	29860, 29861, 29862, 29863

KNEE SURGERY		
Procedure Code	Description	Allowable Billed Groupings²
27487	Revision knee arthroplasty	27486, 27487, 27488, 27438

⁵ Pre-sacral/axial interbody fusion is not covered for L5-S1 and/or L4-L5 level(s).

KNEE SURGERY		
Procedure Code	Description	Allowable Billed Groupings²
27447	Total knee arthroplasty (TKA)	27447
27446	Partial-unicompartmental knee arthroplasty (UKA)	27446
27570	Knee manipulation under anesthesia (MUA)	27570, 29884
29888	Knee ligament reconstruction/repair	27405, 27407, 27409, 27427, 27428, 27429, 29888, 29889
29880	Knee meniscectomy/meniscal repair/meniscal transplant	27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883
29879	Knee Surgery – Other <i>Includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration</i>	27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 29866, 29867, 29870, 29873, 29874, 29875, 29876, 29877, 29879, G0289

SHOULDER SURGERY		
Procedure Code	Description	Allowable Billed Groupings²
23474	Revision shoulder arthroplasty	23473, 23474
23472	Total/reverse shoulder arthroplasty or resurfacing	23472
23470	Partial shoulder arthroplasty/hemiarthroplasty	23470
29827	Shoulder rotator cuff repair	23410, 23412, 23420, 29827
29806	Shoulder labral repair <i>Includes Bankart, SLAP, capsulorrhaphy</i>	23450, 23455, 23460, 23462, 23465, 23466, 29806, 29807
29825	Frozen shoulder repair/adhesive capsulitis <i>Includes lysis and resection of adhesions</i>	29825
23415	Shoulder surgery – other <i>Includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviclectomy, diagnostic shoulder arthroscopy</i>	23120, 23125, 23130, 23405, 23415, 23430, 23700, 29805, 29819, 29820, 29821, 29822, 29823, 29824, +29826, 29828

Note:

- Unspecified procedure codes (e.g., 23929, 29999) must be reviewed and approved through the Tufts Health Plan appeals process. Refer to the [Provider Payment Dispute Policy](#) for more information.
- CPT codes G0428 (collagen meniscus implant procedure for filling meniscal defects [e.g., CMI, collagen scaffold, Menaflex]) and S2300 (arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy) are considered [investigational](#) and are noncovered services. Refer to the [Noncovered Investigational Services Medical Necessity Guidelines](#) for more information.
- *If any joint surgery is to be performed bilaterally (modifier 50) on the same date of service, separate authorizations are required for each joint.*

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance. For more information about Tufts Health Plan's [audit policies](#), refer to our website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service,

coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This document applies to the Tufts Health Plan products, as identified in the checkboxes on the first page. This document does not apply to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options, Tufts Health Unify, Medicare Compliment Plan, Medicare Supplement Plan, CareLink, or members using the Cigna PPO or Private Health Care Systems (PHCS) network (also known as Multiplan).