



**Utilization Review Matrix 2020 – Harvard Pilgrim  
Interventional Pain Management and Musculoskeletal Surgery**

The matrix below contains all of the CPT-4 codes for which National Imaging Associates (NIA) authorizes on behalf of its clients. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those procedures authorized by NIA.

**Interventional Pain Management: Outpatient**

If a procedure is billed under any one of the given codes for that allowable billed groupings and a valid authorization number has been issued within the date of service validity period, the charge for any of the allowable billed grouping codes should be allowed. If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

**\*Please note: Interventional Pain Management Spine Services rendered in an Emergency Room Observation Room, or hospital inpatient setting are not managed by NIA.**

Authorized CPT Code	Description	Allowable Billed Groupings
62321	Cervical/Thoracic Interlaminar Epidural	62320, 62321, 64479, +64480
64479	Cervical/Thoracic Transforaminal Epidural	62320, 64479, +64480
62323	Lumbar/Sacral Interlaminar Epidural	62322, 62323, 64483, +64484
64483	Lumbar/Sacral Transforaminal Epidural	62322, 62323, 64483, +64484
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

+ codes (add on codes) do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered.

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

## Surgery: Inpatient and Outpatient

If a procedure is billed under any one of the given codes for that allowable billed groupings and a valid authorization number has been issued within the date of service validity period, the charge for any of the allowable billed grouping codes should be allowed. If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

\*Please note: NIA does not prior authorize or manage the facility precertification for Musculoskeletal surgery services. Musculoskeletal Surgery Services rendered through the Emergency Room are not managed by NIA. All other inpatient and outpatient Musculoskeletal surgery procedures are managed by NIA for the surgeries outlined below.

LUMBAR SPINE SURGERY		
Authorized CPT Code	Description	Allowable Billed Groupings
22612	Lumbar Fusion - Single Level**	22533, 22558, 22612, 22630, 22633
22614	Lumbar Fusion - Multiple Levels**	22533, 22558, 22612, 22630, 22633, +22534, +22585, +22614, +22632, +22634
63030	Lumbar Microdiscectomy	62380, 63030, +63035
63047	Lumbar Decompression	62380, 63030, +63035, 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057

CERVICAL SPINE SURGERY		
Authorized CPT Code	Description	Allowable Billed Groupings
22551	Anterior Cervical Decompression with Fusion - Single Level** (ACDF)	22548, 22551, 22554
22552	Anterior Cervical Decompression with Fusion - Multiple Level** (ACDF)	22548, 22551, 22554, +22552, +22585
22595	Cervical Posterior Decompression with Fusion - Multiple Levels**	22590, 22595, 22600, +22614
22600	Cervical Posterior Decompression with Fusion - Single Level**	22590, 22595, 22600
22856	Cervical Artificial Disc Replacement – Single Level	22856, 22861, 22864
22858	Cervical Artificial Disc Replacement – Two Levels	22856, 22861, 22864, +22858
63045	Cervical Posterior Decompression ( <i>without fusion</i> )	63001, 63015, 63020, 63040, 63045, 63050, 63051, +63035, +63043, +63048
63075	Cervical Anterior Decompression ( <i>without fusion</i> )	63075, +63076

\*\* Decompression procedures, instrumentation, and bone grafts are assumed as part of the lumbar fusion authorization and when done in combination, do not require a separate authorization.

+ Codes (add on codes) do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered. The only exception is multiple level add-on codes require an authorization for multiple level procedures.

NOTE: Spine surgeries typically have more than one CPT associated with each case and often times a decompression is performed during the fusion surgery—both will be billed.

### HIP SURGERY

Authorized CPT Code	Description	Allowable Billed Groupings
27134	Revision/Conversion Hip Arthroplasty	27132, 27134, 27137, 27138
27130 <sup>1</sup>	Total Hip Arthroplasty/Resurfacing	27130
29914	Femoroacetabular Impingement (FAI) Hip Surgery <i>Includes: CAM/Pincher &amp; 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

Authorized CPT Code	Description	Allowable Billed Groupings
27487	Revision Knee Arthroplasty	27486, 27487, 27488
27447	Total Knee Arthroplasty (TKA)	27447
27446	Partial-Unicompartmental Knee Arthroplasty (UKA)	27446, 27438
27570	Knee Manipulation under Anesthesia (MUA)	27570, 29884
29888	Knee Ligament Reconstruction/Repair	27405, 27407, 27409, 27427, 27428, 27429, 29888, 29889
29880	Knee Meniscectomy/Menisal Repair/Menisal 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**

<b>Authorized CPT Code</b>	<b>Description</b>	<b>Allowable Billed Groupings</b>
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 <sup>1</sup>	Shoulder Labral Repair <i>Includes Bankart, SLAP, capsulorrhaphy</i>	23450, 23455, 23460, 23462, 23465, 23466, 29806, 29807, S2300
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

1 S codes are not payable for Medicare members.