

**Utilization Review Matrix 2019
Interventional Pain Management and Musculoskeletal Surgery**

The matrix below contains all the CPT-4 codes for which National Imaging Associates, Inc. (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 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, 0228T, +0229T
64479	Cervical/Thoracic Transforaminal Epidural	62320, 62321, 64479, +64480, 0228T, +0229T
62323	Lumbar/Sacral Interlaminar Epidural	62322, 62323, 64483, +64484, 0230T, +0231T
64483	Lumbar/Sacral Transforaminal Epidural	62322, 62323, 64483, +64484, 0230T, +0231T
64490	Cervical/Thoracic Facet Joint Block	64490, + 64491, +64492, 0213T, +0214T, +0215T
64493	Lumbar/Sacral Facet Joint Block	64493, +64494, +64495, 0216T, +0217T, +0218T
64633	Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	64633, +64634
64635	Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	64635, +64636

Payment for + codes (add on codes) may depend upon the appropriateness of the application of such codes related to the approved primary code.

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 – Single Level	22856, 22861, 22864
22858	Cervical Artificial Disc – Two Levels **0375T is not a covered service and is not reimbursable	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
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**** Decompression procedures, instrumentation, and bone grafts do not require a separate authorization when done in combination with a fusion. These are assumed as part of the fusion authorization.**

Payment for + codes (add on codes) may depend upon the appropriateness of the application of such codes related to the approved primary code. The only exceptions are for fusion requests and authorization.

**There are two exceptions to this add-on comment which are as follows:*

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

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.

NOTE: If any joint surgery is to be performed bilaterally (modifier -50) on the same date of service, separate authorizations are required for each joint.

HIP SURGERY		
Authorized CPT Code	Description	Allowable Billed Groupings
27134	Revision/Conversion Hip Arthroplasty	27132, 27134, 27137, 27138
27130 ¹	Total Hip Arthroplasty/Resurfacing	27130, S2118
29914	Femoroacetabular Impingement (FAI) Hip Surgery <i>Includes: CAM/Pincher & 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, 27438
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
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SHOULDER SURGERY		
Authorized CPT Code	Description	Allowable Billed Groupings
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 ¹	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 Advantage members.