



WellCare has partnered with Evolent (formerly National Imaging Associates, Inc.) to implement new Musculoskeletal Care ‘MSK’ Management and Interventional Pain Management ‘IPM’ Programs. This program is intended to help providers easily and effectively deliver quality patient care.

**Effective April 1, 2024**, musculoskeletal surgeries and interventional pain management services will require prior authorization through Evolent. Prior authorization will be required for these services when rendered in the physician office, ambulatory surgical centers, outpatient facilities and inpatient (planned professional services only - MSK services only).

WellCare authorizations issued before April 1, 2024, will be effective until the authorization end date. These management programs apply to your **WellCare Medicaid** members of all ages.

Below is a list of **MSK and IPM codes** that will require an authorization on April 1, 2024 – As this list may change, the most updated list can be found at [www.RadMD.com](http://www.RadMD.com).

Prior authorization requests for can be submitted to Evolent:

- Online [www.RadMD.com](http://www.RadMD.com)
- Via telephone at 1-800-424-5388. Staff is available Monday-Friday from 8:00 a.m. to 8:00 p.m. EST.

Evolent uses clinical criteria based on nationally recognized guidelines to promote evidence-based practices. When using the Evolent web portal, you will be able to:

- Obtain real-time approvals when selecting evidence-based treatment care pathways
- Determine the clinical documentation required for medical necessity review
- View all submitted requests

WellCare is proud to be your healthcare partner. If you frequently request MSK or IPM services or are new to this process, Evolent representatives will contact you soon to schedule an introductory meeting and training.

If you have questions about these programs, please email [RadMDsupport@evolent.com](mailto:RadMDsupport@evolent.com) or call 1-800-327-0641.

**The Evolent program will apply to all specialties for the following MSK and IPM services**

Code	MSK - Spine - Procedure Name	Description
20931	Ancillary Code - does not require prior auth from Evolent	Allograft, structural, for spine surgery only
20937	Ancillary Code - does not require prior auth from Evolent	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)
20938	Ancillary Code - does not require prior auth from Evolent	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision)

<b>20939</b>	Ancillary Code - does not require prior auth from Evolent	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (list separately in addition to code for primary procedure)
<b>22533</b>	Lumbar Fusion - Single Level	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
<b>22534</b>	Lumbar Fusion - Multiple Levels	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (list separately in addition to code for primary procedure)
<b>22548</b>	Anterior Cervical Decompression with Fusion - Single Level	Arthrodesis, anterior transoral or extraoral technique, clivus-c1-c2 (atlas-axis), with or without excision of odontoid process
<b>22551</b>	Anterior Cervical Decompression with Fusion - Single Level	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below c2
<b>22552</b>	Anterior Cervical Decompression with Fusion - Multiple Levels	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below c2, each additional interspace (list separately in addition to code for separate procedure)
<b>22554</b>	Anterior Cervical Decompression with Fusion - Single Level	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below c2
<b>22558</b>	Lumbar Fusion - Single Level	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
<b>22585</b>	Lumbar Fusion - Multiple Levels / Anterior Cervical Decompression with Fusion - Multiple Levels	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace
<b>22590</b>	Cervical Posterior Decompression with Fusion - Single Level	Arthrodesis, posterior technique, craniocervical (occiput-c2)
<b>22595</b>	Cervical Posterior Decompression with Fusion - Multiple Levels	Arthrodesis, posterior technique, atlas-axis (c1-c2)
<b>22600</b>	Cervical Posterior Decompression with Fusion - Single Level	Arthrodesis, posterior or posterolateral technique, single level; cervical below c2 segment
<b>22612</b>	Lumbar Fusion - Single Level	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
<b>22614</b>	Lumbar Fusion - Multiple Levels / Cervical Posterior Decompression with Fusion - Multiple Levels	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment
<b>22630</b>	Lumbar Fusion - Single Level	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
<b>22632</b>	Lumbar Fusion - Multiple Levels	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace
<b>22633</b>	Lumbar Fusion - Single Level	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 and segment; lumbar

<b>22634</b>	Lumbar Fusion - Multiple Levels	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 and segment; each additional interspace and segment
<b>22840</b>	Ancillary Code - does not require prior auth from Evolent	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at c1, facet screw fixation)
<b>22841</b>	Ancillary Code - does not require prior auth from Evolent	Internal spinal fixation by wiring of spinous processes
<b>22842</b>	Ancillary Code - does not require prior auth from Evolent	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments
<b>22843</b>	Ancillary Code - does not require prior auth from Evolent	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments
<b>22844</b>	Ancillary Code - does not require prior auth from Evolent	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments
<b>22845</b>	Ancillary Code - does not require prior auth from Evolent	Anterior instrumentation; 2 to 3 vertebral segments
<b>22846</b>	Ancillary Code - does not require prior auth from Evolent	Anterior instrumentation; 4 to 7 vertebral segments
<b>22853</b>	Ancillary Code - does not require prior auth from Evolent	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (list separately in addition to code for primary procedure)
<b>22854</b>	Ancillary Code - does not require prior auth from Evolent	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)
<b>22856</b>	Cervical Artificial Disc - Single Level	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical
<b>22859</b>	Ancillary Code - does not require prior auth from Evolent	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methyl methacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure)
<b>22861</b>	Cervical Artificial Disc - Single Level	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
<b>22864</b>	Cervical Artificial Disc - Single Level	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
<b>22865</b>	Lumbar Artificial Disc – Single Level	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
<b>27279</b>	Sacroiliac Joint Fusion	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device

<b>62380</b>	Lumbar Microdiscectomy	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
<b>63005</b>	Lumbar Decompression	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
<b>63012</b>	Lumbar Decompression	Laminectomy with removal of abnormal facets and/or pars interarticularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (gill type procedure)
<b>63015</b>	Cervical Posterior Decompression (without fusion)	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
<b>63017</b>	Lumbar Decompression	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
<b>63020</b>	Cervical Posterior Decompression (without fusion)	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
<b>63030</b>	Lumbar Microdiscectomy	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
<b>63035</b>	Lumbar Microdiscectomy / Cervical Posterior Decompression (without fusion)	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
<b>63040</b>	Cervical Posterior Decompression (without fusion)	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
<b>63042</b>	Lumbar Decompression	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, re-exploration, single interspace; lumbar
<b>63043</b>	Cervical Posterior Decompression (without fusion)	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (list separately in addition to code for primary procedure)
<b>63044</b>	Lumbar Decompression	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, re-exploration, single interspace; each additional lumbar interspace
<b>63045</b>	Cervical Posterior Decompression (without fusion)	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; cervical
<b>63047</b>	Lumbar Decompression	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

<b>63048</b>	Lumbar Decompression / Cervical Posterior Decompression (without fusion)	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 segment, cervical, thoracic, or lumbar
<b>63050</b>	Cervical Posterior Decompression (without fusion)	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments
<b>63051</b>	Cervical Posterior Decompression (without fusion)	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)
<b>63056</b>	Lumbar Decompression	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)
<b>63057</b>	Lumbar Decompression	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 [when specified as lumbar]
<b>63075</b>	Cervical Anterior Decompression (without fusion)	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace
<b>63076</b>	Cervical Anterior Decompression (without fusion)	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each additional interspace
<b>63081</b>	Ancillary Code - does not require prior auth from Evolent	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
<b>63082</b>	Ancillary Code - does not require prior auth from Evolent	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment
<b>63300</b>	Ancillary Code - does not require prior auth from Evolent	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical
<b>63304</b>	Ancillary Code - does not require prior auth from Evolent	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical
<b>63308</b>	Ancillary Code - does not require prior auth from Evolent	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment

Here is a list of **IPM codes** that will require an authorization from Evolent on April 1, 2024 – As this list may change, the most updated list can be found at [www.RadMD.com](http://www.RadMD.com).

Procedure Name	Primary CPT Code	Allowable Billed Groupings
Cervical/Thoracic Interlaminar Epidural	62321	62320, 62321
Cervical/Thoracic Transforaminal Epidural	64479	64479, +64480
Lumbar/Sacral Interlaminar Epidural	62323	62322, 62323
Lumbar/Sacral Transforaminal Epidural	64483	64483, +64484
Cervical/Thoracic Facet Joint Block	64490	64490, + 64491, +64492, 0213T, +0214T, +0215T
Lumbar/Sacral Facet Joint Block	64493	64493, +64494, +64495, 0216T, +0217T, +0218T
Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	64633	64633, +64634
Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	64635	64635, +64636
Spinal Cord Stimulator Trial	63650	63650, 63655
Sacroiliac Joint Injection	27096	27096, G0260
Spinal Cord Stimulator	63655	63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688
Sympathetic Nerve Block	64510	64510, 64517, 64520, 64530