

**ConnectiCare  
Utilization Review Matrix 2022  
Outpatient Interventional Pain Management (IPM)**

The matrix below contains all of the CPT 4 codes for which Magellan Healthcare authorizes on behalf of ConnectiCare.

Magellan Healthcare issues authorizations based on the primary CPT code and its allowable billed groupings. A procedure can be billed under any **one** of the given CPT codes for that allowable billed grouping as long as a valid authorization number has been issued within the validity period.

**\*Please note: IPM services rendered in an Emergency Room, Observation Room, Intraoperatively, or as a Hospital Inpatient are not managed by Magellan Healthcare.**

Procedure Name	Primary CPT Code	Allowable Billed Groupings
<b>Sacroiliac Joint Injection</b>	<b>27096</b>	27096, G0260
<b>Cervical/Thoracic Interlaminar Epidural</b>	<b>62321</b>	62320, 62321, 64479, +64480
<b>Cervical/Thoracic Transforaminal Epidural</b>	<b>64479</b>	62320, 62321, 64479, +64480
<b>Lumbar/Sacral Interlaminar Epidural</b>	<b>62323</b>	62322, 62323, 64483, +64484
<b>Lumbar/Sacral Transforaminal Epidural</b>	<b>64483</b>	62322, 62323, 64483, +64484
<b>Cervical/Thoracic Facet Joint Block</b>	<b>64490</b>	64490, + 64491, +64492, 0213T, +0214T, +0215T
<b>Lumbar/Sacral Facet Joint Block</b>	<b>64493</b>	64493, +64494, +64495, 0216T, +0217T, +0218T
<b>Cervical/Thoracic Facet Joint Radiofrequency Neurolysis</b>	<b>64633</b>	64633, +64634
<b>Lumbar/Sacral Facet Joint Radiofrequency Neurolysis</b>	<b>64635</b>	64635, +64636
<b>Implantable Infusion Pump Insertion</b>	<b>62362</b>	62350, 62351, 62355, 62360, 62361, 62362

<sup>1</sup>National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

## Other Procedures or Devices- No or Limited Evidence of Effectiveness

ConnectiCare will not provide reimbursement for the following CPT codes as there is no or limited evidence these procedures are effective. NIA prior authorization may be requested to review extenuating or unique clinical circumstances on a case-by-case basis.

Procedure Name	Primary CPT Code	Allowable Billed Groupings
<b>Epidural Lysis of Adhesions (Racz procedure)</b>  <b>Note: Benefit Exclusion for Exchange Plans. Medical Necessity Review for Medicare Plans.</b>	<b>62264</b>	62263, 62264
<b>Minimally Invasive Decompression (including MILD)</b>	<b>62287</b>	62287, 0274T, 0275T
<b>Percutaneous Thermal Intra - Discal Procedures (including IDET)</b>	<b>22526</b>	22526, +22527
<b>Interspinous Spacer Device (X-Stop)</b>	<b>22867</b>	22867, +22868, 22869, +22870, C1821
<b>Posterior Intra-Facet Implants</b>	<b>0219T</b>	0219T, 0220T, 0221T, +0222T
<b>Prolotherapy</b>	<b>M0076</b>	M0076

- *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 the repeat nature of IPM procedures, multiple authorizations may exist within the same validity period*