



BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina 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 BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina.

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
Cervical/Thoracic Interlaminar Epidural	62321	62320, 62321, 64479, +64480
Cervical/Thoracic Transforaminal Epidural	64479	62320, 62321, 64479, +64480
Lumbar/Sacral Interlaminar Epidural	62323	62322, 62323, 64483, +64484
Lumbar/Sacral Transforaminal Epidural	64483	62322, 62323, 64483, +64484
Cervical/Thoracic Facet Joint Block	64490	64490, + 64491, +64492
Lumbar/Sacral Facet Joint Block	64493	64493, +64494, +64495
Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	64633	64633, +64634
Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	64635	64635, +64636

- *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*
- *CPT codes for procedures performed with ultrasound guidance are not a covered service and are not reimbursable: 0213T, +0214T, +0215T, 0216T, +0217T, 0218T*