

**Blue Shield of California
Utilization Review Matrix 2024
Outpatient Interventional Pain Management (IPM)**

The matrix below contains all of the CPT 4 codes for which National Imaging Associates Inc. (NIA)* authorizes on behalf of Blue Shield of California.

NIA 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 NIA.**

Procedure Name	Primary CPT Code	Allowable Billed Groupings
Sacroiliac Joint Injection	27096	27096, G0260
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

** Effective 1/20/2023, National Imaging Associates, Inc. is now a subsidiary of Evolent Health. Evolent Health and its affiliates and subsidiaries collectively referred to as "Evolent."*

Other Procedures or Devices- No or Limited Evidence of Effectiveness
These procedures are deemed experimental and/or investigational and are always denied.

Procedure Name	Primary CPT Code	Allowable Billed Groupings
Epidural Lysis of Adhesions (Racz procedure)	62264	62263, 62264
Minimally Invasive Decompression (including MILD)	62287	62287, 0274T, 0275T
Percutaneous Thermal Intra - Discal Procedures (including IDET)	22526	22526, +22527
Prolotherapy	M0076	M0076
Sacroplasty	0200T	0200T, 0201T
Percutaneous Lumbar Decompression with Radiofrequency	S2348	S2348

- *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*