



FROM | coordinated care



### Ambetter from Coordinated Care Utilization Review Matrix 2024 Outpatient Interventional Pain Management (IPM)

The matrix below contains all of the CPT 4 codes for which Evolent (formerly National Imaging Associates, Inc.) authorizes on behalf of Ambetter from Coordinated Care.

Evolent 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 Evolent.**

IPM PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Ancillary Procedures/Codes
<p><i>Authorization is provided at the <u>procedure</u> level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</i></p>			<p><i>These codes do not require prior authorization. If the main procedure is approved, these codes are understood to be included and do not require precertification from the health plan.</i></p> <p><i>*Please note: This is not an all-inclusive list of every possible ancillary code.</i></p>
<b>Cervical/Thoracic Interlaminar Epidural</b>	<b>62321</b>	62320, 62321	
<b>Cervical/Thoracic Transforaminal Epidural</b>	<b>64479</b>	64479, +64480	
<b>Lumbar/Sacral Interlaminar Epidural</b>	<b>62323</b>	62322, 62323	

**IPM PROCEDURES**

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<p><i>Authorization is provided at the procedure level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</i></p>			<p><i>These codes do not require prior authorization. If the main procedure is approved, these codes are understood to be included and do not require precertification from the health plan.</i></p> <p><i>*Please note: This is not an all-inclusive list of every possible ancillary code.</i></p>
<b>Lumbar/Sacral Transforaminal Epidural</b>	<b>64483</b>	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>Sacroiliac Joint Injection</b>	<b>27096</b>	27096, G0260	
<b>Spinal Cord Stimulator Trial</b>	<b>63650</b>	63650, 63655	L8680, L8681, 95970, 95971, 95972, 77002
<b>Spinal Cord Stimulator Insertion, Revision, or Removal</b>	<b>63655</b>	63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688	L8679, L8680, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L8695, C1767, C1816, C1820, C1822, C1823, 95970, 95971 95972, 77002
<b>Sympathetic Nerve Block</b>	<b>64510</b>	64510, 64517, 64520, 64530	77003

- *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.*