



Delaware First Health Utilization Review Matrix 2024 Outpatient Interventional Pain Management (IPM)

The matrix below contains all of the CPT 4 codes for which Evolent (National Imaging Associates, Inc.) authorizes on behalf of Delaware First Health.

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		
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.			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. *Please note: This is not an all-inclusive list of every possible ancillary code		
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			

1—Delaware First Health IPM Utilization Review Matrix 2024

IPM PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Ancillary Procedures/Codes	
Authorization is provided at multiple CPT codes that can These are assumed to be pa completed in combination, cauthorization.	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. *Please note: This is not an all-inclusive list of every possible ancillary code			
Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	64635	64635, +64636		
Sacroiliac Joint Injection	27096	27096, G0260		
Sympathetic Nerve Block	64510	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.