

## Harvard Pilgrim Health Plan Utilization Review Matrix 2024 Outpatient Interventional Pain Management (IPM)

The matrix below contains the CPT 4 codes for which Evolent (formerly National Imaging Associates, Inc.) authorizes on behalf of Harvard Pilgrim Health Plan.

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.**

Procedure Name	Primary CPT Code	Allowable Billed Groupings
<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
<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

- **Interventional pain management services rendered in an Emergency Room, Observation Room, Intraoperatively, or as a Hospital Inpatient are not managed by Evolent.**
- 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