



**Iowa Total 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 Iowa Total 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	
<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,	
<b>Lumbar/Sacral Facet Joint Block</b>	<b>64493</b>	64493, +64494, +64495, 0216T,	
<b>Cervical/Thoracic Facet Joint Radiofrequency Neurolysis</b>	<b>64633</b>	64633, +64634	
<b>Lumbar/Sacral Facet Joint</b>	<b>64635</b>	64635, +64636	

IPM PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Ancillary Procedures/Codes
<p>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.</p>			<p>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.</p> <p><i>*Please note: This is not an all-inclusive list of every possible ancillary code</i></p>
<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, 91707
<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. **Evolent does not manage interventional pain management for members under 21.**