



**Wellcare Medicare
(AL, AR, CT, IL, LA, MA, ME, MI, MO, MS,
NC, NH, RI, SC, TN, VT, WA)
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 Wellcare.

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, 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>
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	

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>
<p>Lumbar/Sacral Facet Joint Block</p>	<p>64493</p>	<p>64493, +64494, +64495, 0216T, +0217T, +0218T</p>	
<p>Cervical/Thoracic Facet Joint Radiofrequency Neurolysis</p>	<p>64633</p>	<p>64633, +64634</p>	
<p>Lumbar/Sacral Facet Joint Radiofrequency Neurolysis</p>	<p>64635</p>	<p>64635, +64636</p>	
<p>Sacroiliac Joint Injection</p>	<p>27096</p>	<p>27096, G0260</p>	
<p>Sympathetic Nerve Block</p>	<p>64510</p>	<p>64510, 64517, 64520, 64530</p>	<p>77003</p>

- *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.*