



Utilization Review Matrix 2024 Oklahoma Complete Health

Interventional Pain Management

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			
Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	64635	64635, +64636			

IPM PROCEDURES					
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Ancillary Procedures/Codes		
Authorization is provided at the procedure associated with each procedure. These a completed in combination, do not require	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				
Sacroiliac Joint Injection	27096	27096, G0260			
Spinal Cord Stimulator Trial	63650	63650, 63655	L8680, L8681, 95970, 95971, 95972, 77002		
Spinal Cord Stimulator Insertion, Revision, or Removal	63655	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		
Sympathetic Nerve Block	64510	64510, 64517, 64520, 64530	77003		

- Interventional pain management services rendered in an Emergency Room, Observation Room, Intraoperatively, or as a Hospital Inpatient are not managed by Evolent (formerly National Imaging Associates, Inc.).
- 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.