

Absolute Total Care Management Utilization Review Matrix 2025 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 Absolute 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, Intraoperatively, or as a Hospital Inpatient are not managed by Evolent.**

Procedure Name	Primary CPT Code	Allowable Billed Groupings
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
Sacroiliac Joint Injection	27096	27096, G0260
Spinal Cord Stimulator Trial	63650	63650, 63655
Spinal Cord Stimulator	63655	63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688
Sympathetic Nerve Block	64510	64510, 64517, 64520, 64530

- 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.