

## Ambetter of Illinois Utilization Review Matrix 2025 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 Ambetter of Illinois.

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> |
| <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</b>   | <b>64635</b>     | 64635, +64636                                 |   |

|   |              |  |   |
|---|--------------|--|---|
| <b>Radiofrequency Neurolysis</b>                              |              |  |   |
| <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, C1767, C1816, C1820, C1822, C1823, 95970, 95971 95972, 77002 |
| <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.*
- *Interventional pain management services rendered in an Emergency Room, Observation, Intraoperatively, or as a Hospital Inpatient are not managed by Evolent.*
- *NOTE: due the repeat nature of IPM procedures, multiple authorizations may exist within the same validity period.*