

**Utilization Review Matrix 2025  
 BCBS Nebraska  
 Interventional Pain Management**

Procedure Name	Primary CPT Code	Allowable Billed Groupings
<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 <sup>1</sup></b>	<b>64490</b>	64490, + 64491, +64492
<b>Lumbar/Sacral Facet Joint Block <sup>1</sup></b>	<b>64493</b>	64493, +64494, +64495
<b>Cervical/Thoracic Facet Joint Radiofrequency Neurolysis</b>	<b>64633</b>	64633, +64634
<b>Lumbar/Sacral Facet Joint Radiofrequency Neurolysis</b>	<b>64635</b>	64635, +64636

- ***Interventional pain management services rendered in an Emergency Room, Observation, 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.*
- <sup>1</sup> CPT codes for procedures performed with ultrasound guidance are not a covered service and are not reimbursable: 0213T, +0214T, +0215T, 0216T, +0217T, +0218T.