



**ConnectiCare
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 ConnectiCare.

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
Sacroiliac Joint Injection	27096	27096, G0260
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
Implantable Infusion Pump Insertion	62362	62350, 62351, 62355, 62360, 62361, 62362

- *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.