

## Utilization Review Matrix 2025 – HMSA

### Interventional Pain Management

Procedure Name	Primary CPT Code	Allowable Billed Groupings
<b>Sacroiliac Joint Injection</b>	<b>27096</b>	27096, G0260
<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 Radiofrequency Neurolysis</b>	<b>64635</b>	64635, +64636

- ***Interventional pain management services rendered in an Emergency Room, Observation Room, Intraoperatively, or as a Hospital Inpatient are not managed by Evolent.***
- *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.*