

Oklahoma Complete Health  
Utilization Review Matrix 2025

Interventional Pain Management

IPM PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Ancillary Procedures/Codes
<p>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.</p>			<p>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.</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 Radiofrequency Neurolysis</b>	<b>64635</b>	64635, +64636	
<b>Sacroiliac Joint Injection</b>	<b>27096</b>	27096, G0260 <sup>1</sup>	

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<b>Spinal Cord Stimulator Trial</b>	<b>63650</b>	63650, 63655	
<b>Spinal Cord Stimulator Insertion, Revision, or Removal</b>	<b>63655</b>	63650, 63655, 63661 <sup>1</sup> , 63662 <sup>1</sup> , 63663 <sup>1</sup> , 63664 <sup>1</sup> , 63685 <sup>1</sup> , 63688 <sup>1</sup>	
<b>Sympathetic Nerve Block</b>	<b>64510</b>	64510, 64517 <sup>1</sup> , 64520, 64530 <sup>1</sup>	

- ***Interventional pain management services rendered in an Emergency Room, Observation, 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.*

<sup>1</sup> Prior authorization is not required for Medicaid Members.

