



## Utilization Review Matrix 2025 Sunflower Health Plan

### Interventional Pain Management (IPM)

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 Radiofrequency Neurolysis</b>	<b>64635</b>	64635, +64636	
<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

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<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
<b>Sympathetic Nerve Block</b>	<b>64510</b>	64510, 64517, 64520, 64530	95972, 77002 77003

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