

**Utilization Review Matrix 2025  
CountyCare Health Plan IL**

**Interventional Pain Management**

<b>IPM PROCEDURES</b>		
<b>Procedure Name</b>	<b>Primary CPT Code</b>	<b>Allowable Billed Groupings</b>
<i>Authorization is provided at the procedure 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>		
<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

- 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).
- 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.