



**Utilization Review Matrix 2026  
BCBS Nebraska**

**Interventional Pain Management (IPM)**

IPM PROCEDURES		
Procedure Name	Primary CPT Code	Allowable Billed Groupings
<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>		
<b>Cervical/Thoracic Interlaminar Epidural <sup>2</sup></b>	<b>62321</b>	62320, 62321
<b>Cervical/Thoracic Transforaminal Epidural</b>	<b>64479</b>	64479, +64480
<b>Lumbar/Sacral Interlaminar Epidural <sup>2</sup></b>	<b>62323</b>	62322, 62323
<b>Lumbar/Sacral Transforaminal Epidural</b>	<b>64483</b>	64483, +64484
<b>Cervical/Thoracic Facet Joint Block <sup>1</sup></b>	<b>64490</b>	64490, +64491, +64492
<b>Lumbar/Sacral Facet Joint Block <sup>1</sup></b>	<b>64493</b>	64493, +64494, +64495
<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 (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 to the repeat nature of IPM procedures, multiple authorizations may exist within the same validity period.*

- <sup>1</sup> CPT codes for procedures performed with ultrasound guidance are not a covered service and are not reimbursable: 0213T, +0214T, +0215T, 0216T, +0217T, +0218T.
- <sup>2</sup> 62320 and 62322 are non-covered for Medicare Members.