



**Utilization Review Matrix 2026
Blue Cross Blue Shield of SC**

Interventional Pain Management

Procedure Name	Primary CPT Code	Allowable Billed Groupings
Cervical/Thoracic Interlaminar Epidural	62321	62320, 62321
Cervical/Thoracic Transforaminal Epidural	64479	64479, +64480
Lumbar/Sacral Interlaminar Epidural	62323	62322, 62323
Lumbar/Sacral Transforaminal Epidural	64483	64483, +64484
Cervical/Thoracic Facet Joint Block ¹	64490	64490, + 64491, +64492
Lumbar/Sacral Facet Joint Block ¹	64493	64493, +64494, +64495
Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	64633	64633, +64634
Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	64635	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 to the repeat nature of IPM procedures, multiple authorizations may exist within the same validity period.*

¹ CPT codes for procedures performed with ultrasound guidance are not a covered service and are not reimbursable: 0213T, +0214T, +0215T, 0216T, +0217T, +0218T