



**Utilization Review Matrix 2026
Blue Shield of California**

Interventional Pain Management

Procedure Name	Primary CPT Code	Allowable Billed Groupings
Sacroiliac Joint Injection	27096	27096, G0260
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	64490	64490, + 64491, +64492, 0213T, +0214T, +0215T
Lumbar/Sacral Facet Joint Block	64493	64493, +64494, +64495, 0216T, +0217T, +0218T
Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	64633	64633, +64634
Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	64635	64635, +64636

Other Procedures or Devices- No or Limited Evidence of Effectiveness These procedures are deemed experimental and/or investigational and are always denied.		
Procedure Name	Primary CPT Code	Allowable Billed Groupings
Epidural Lysis of Adhesions (Racz procedure)	62264	62263, 62264
Minimally Invasive Decompression (including MILD)	62287	62287, 0274T, 62330, +62331
Percutaneous Thermal Intra - Discal Procedures (including IDET)	22526	22526, +22527
Prolotherapy	M0076	M0076
Sacroplasty	0200T	0200T, 0201T
Percutaneous Lumbar Decompression with Radiofrequency	S2348	S2348

- ***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.