

## Utilization Review Matrix 2026 Centene MS – Magnolia Health Plan Exchange and Medicare Members

## **Interventional Pain Management (IPM)**

IPM PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Ancillary Procedures/Codes	
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.			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.  *Please note: This is not an all-inclusive list of every possible ancillary code	
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		
Sacroiliac Joint Injection	27096	27096, G0260		

IPM PROCEDURES					
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Ancillary Procedures/Codes		
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.			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.  *Please note: This is not an all-inclusive list of every possible ancillary code		
Spinal Cord Stimulator Trial	63650	63650, 63655	L8680, L8681, 95970, 95971, 95972, 77002		
Spinal Cord Stimulator Insertion, Revision, or Removal	63655	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		
Sympathetic Nerve Block	64510	64510, 64517, 64520, 64530	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).
- 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.