Utilization Review Matrix 2026
HMSA

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

- ***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.