



**Utilization Review Matrix 2026**  
**WellCare Medicare**  
**AR and MO Members**

**Interventional Pain Management**

<b>IPM PROCEDURES</b>			
<b>Procedure Name</b>	<b>Primary CPT Code</b>	<b>Allowable Billed Groupings</b>	<b>Ancillary Procedures/Codes</b>
<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>			<p><i>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.</i></p> <p><i>*Please note: This is not an all-inclusive list of every possible ancillary code</i></p>
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	

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Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	64635	64635, +64636	
Sacroiliac Joint Injection	27096	27096, G0260	
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***