



## Utilization Review Matrix 2026

### WellCare Medicare

CT, GA, OH, IA, IL, IN, KY, KS, LA, ME, MI, MS, NC, NJ, NY, OH, PA, SC, TN, TX, WA Members

#### Interventional Pain Management (IPM)

IPM PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Ancillary Procedures/Codes
<p><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>			<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	
Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	64635	64635, +64636	

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<p><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>			<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>
Sacroiliac Joint Injection	27096	27096, G0260	
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, 95972, 77002
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.***