



**Utilization Review Matrix 2023  
Maryland Physicians Care**

**Interventional Pain Management**

| <b>Procedure Name</b>                                   | <b>Primary CPT Code</b> | <b>Allowable Billed Groupings</b> |
|---|-------------------------|-----------------------------------|
| 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 <sup>1</sup>        | 64490                   | 64490, + 64491, +64492            |
| Lumbar/Sacral Facet Joint Block <sup>1</sup>            | 64493                   | 64493, +64494, +64495             |
| 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 NIA/Magellan***
- *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 the repeat nature of IPM procedures, multiple authorizations may exist within the same validity period*

<sup>1</sup> CPT codes for procedures performed with ultrasound guidance are not a covered service and are not reimbursable: 0213T, +0214T, +0215T, 0216T, +0217T, +0218T