

2021 Utilization Review Matrix - Interventional Pain Management

Procedure Name	Primary CPT Code	Allowable Billed Groupings
Cervical/thoracic interlaminar epidural	62321	62320, 62321, 64479, +64480
Cervical/thoracic transforaminal epidural	64479	62320, 62321, 64479, +64480
Lumbar/sacral interlaminar epidural	62323	62322, 62323, 64483, +64484
Lumbar/sacral transforaminal epidural	64483	62322, 62323, 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

Please note the following:

- Interventional pain management services rendered in an emergency room or observation room, intraoperatively or as a hospital inpatient are managed by NIA or Molina Complete Care.
- Add-on codes (+) don't require separate authorization and are to be used in conjunction with approved primary code(s) for the service(s) rendered.
- Due to the repeat nature of IPM procedures, multiple authorizations may exist within the same validity period.