



2021 Utilization Management:

Addendum to the Epidural Steroid Injections (CMM-200) and Intradiscal Procedures (CMM-308) Guidelines

Effective 1/1/2021

CMM-200.7: Procedure (CPT®) Codes

The following information reflects the CPT codes that will be **deleted** from CMM-200.7: Procedure (CPT®) Codes, effective 1/1/2021.

CPT®	Codes Considered Experimental, Investigational or Unproven
0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level
0229T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level
0231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)

CMM-308.3: Procedure (CPT®) Codes

The following information reflects the CPT codes that will be **added** to CMM-308.3: Procedure (CPT®) Codes, effective 1/1/2021.

CPT®	Codes Considered Experimental, Investigational or Unproven
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level
0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)