



## WellCare Health Plans Interventional Pain Code List

**Please note:** The applicable fee schedule(s) should be referenced prior to request submission. Requests containing codes that are not on the applicable fee schedule should not be submitted to eviCore for review and may not be payable by Meridian

CPT® Code	CPT® Code Description
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
22513	Percutaneous Vertebral Augmentation, Including Cavity Creation[Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device [eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imaging Guidance; Thoracic
22514	Percutaneous Vertebral Augmentation, Including Cavity Creation [Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device [eg, Kyphoplasty), 1 Vertebral Body, Unilateral, Or Bilateral Cannulation, Inclusive Of All Imaging Guidance; Lumbar
22515	Percutaneous Vertebral Augmentation, Including Cavity Creation[Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device[eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imaging Guidance; Each Additional Thoracic Or Lumbar Vertebral Body[List Separately In Addition To Code For Primary Procedure)
22526	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Single Level
22527	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Once Or More Additional Levels (List Separately In Addition To Code For Primary Procedure)
27096	Injection Procedure For Sacroiliac Joint, Anesthetic/Steroid, With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed
61790	Creation Of Lesion By Stereotactic Method, Percutaneous, By Neurolytic Agent [eg, Alcohol, Thermal, Electrical, Radiofrequency); Gasserian Ganglion
61791	Creation Of Lesion By Stereotactic Method, Percutaneous, By Neurolytic Agent [eg, Alcohol, Thermal, Electrical, Radiofrequency); Trigeminal Medullary Tract
62263	Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (E.G., Hypertonic Saline, Enzyme) Or Mechanical Means (E.G., Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 2 Or More Days
62264	Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (E.G., Hypertonic Saline, Enzyme) Or Mechanical Means (E.G., Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 1 Day



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62280	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Subarachnoid
62281	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Epidural, Cervical Or Thoracic
62282	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Epidural, Lumbar, Sacral (Caudal)
62287	Decompression Procedure, Percutaneous, Of Nucleus Pulposus Of Intervertebral Disc, Any Method Utilizing Needle Based Technique To Remove Disc Material Under Fluoroscopic Imaging Or Other Form Of Indirect Visualization, With Discography And/Or Epidural Injection(S) At The Treated Level(S), When Performed, Single Or Multiple Levels, Lumbar
62290	Injection Procedure For Discography, Each Level; Lumbar
62291	Injection Procedure For Discography, Each Level; Cervical Or Thoracic
62292	Injection Procedure For Chemonucleolysis, Including Discography, Intervertebral Disc, Single, Or Multiple Levels, Lumbar
62320	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Cervical Or Thoracic; Without Imaging Guidance
62321	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Cervical Or Thoracic; With Imaging Guidance (Ie, Fluoroscopy Or Ct)
62322	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); Without Imaging Guidance
62323	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); With Imaging Guidance (Ie, Fluoroscopy Or Ct)
62324	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar Epidural Or Subarachnoid, Cervical Or Thoracic; Without Imaging Guidance



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62325	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar Epidural Or Subarachnoid, Cervical Or Thoracic; With Imaging Guidance (Ie, Fluoroscopy Or Ct)
62326	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); Without Imaging Guidance
62327	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); With Imaging Guidance (Ie, Fluoroscopy Or Ct)
62350	Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; Without Laminectomy
62351	Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; With Laminectomy
62360	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir
62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir; Nonprogrammable Pump
62362	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With Or Without Programming
63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63664	Revision Including Replacement, When Performed, Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via Laminotomy Or Laminectomy, Including Fluoroscopy, When Performed
63685	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver



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64479	Injection(S), Anesthetic Agent(S) And/OR Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic, Single Level
64480	Injection(S), Anesthetic Agent(S) And/OR Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic, Each Additional Level (List Separately In Addition To Code For Primary Procedure)
64483	Injection(S), Anesthetic Agent(S) And/OR Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral, Single Level
64484	Injection(S), Anesthetic Agent(S) And/OR Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral, Each Additional Level (List Separately In Addition To Code For Primary Procedure)
64490	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Single Level
64491	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Second Level (List Separately In Addition To Code For Primary Procedure)
64492	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure)
64493	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Single Level
64494	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Second Level (List Separately In Addition To Code For Primary Procedure)
64495	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure)
64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)
64520	Injection, Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic)
64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint
64634	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)



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64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint
64636	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)
72285	Discography, Cervical Or Thoracic, Radiological Supervision And Interpretation
72295	Discography, Lumbar, Radiological Supervision And Interpretation
77003	Fluoroscopic Guidance And Localization Of Needle Or Catheter Tip For Spine Or Paraspinous Diagnostic Or Therapeutic Injection Procedures [Epidural Or Subarachnoid]
0200T	Percutaneous Sacral Augmentation [Sacroplasty], Unilateral Injection[s], Including The Use Of A Balloon Or Mechanical Device [If Utilized], One Or More Needles
0201T	Percutaneous Sacral Augmentation [Sacroplasty], Bilateral Injections, Including The Use Of A Balloon Or Mechanical Device [If Utilized], Two Or More Needles
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
G0259	Injection Procedure For Sacroiliac Joint; Arthrography
G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent, With Or Without Arthrography



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<b>M0076</b>	Prolotherapy
<b>S2348</b>	Decompress Disc RF Lumbar
<b>S9090</b>	Vertebral Axial Decompression
<b>1939</b>	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic
<b>1940</b>	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral
<b>1941</b>	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic
<b>1942</b>	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral
<b>00640</b>	Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Cervical, Thoracic Or Lumbar Spine
<b>01991</b>	Anesthesia For Diagnostic Or Therapeutic Nerve Blocks And Injections (When Block Or Injection Is Performed By A Different Physician Or Other Qualified Health Care Professional); Other Than The Prone Position
<b>01992</b>	Anesthesia For Diagnostic Or Therapeutic Nerve Blocks And Injections (When Block Or Injection Is Performed By A Different Physician Or Other Qualified Health Care Professional); Prone Position
<b>64451</b>	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
<b>64625</b>	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

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