



## Aetna Better Health of Kentucky Prior Authorization Procedure List: Interventional Pain Management

| CPT® Code | CPT® Code Description  | Medicaid Requires Prior Authorization |
|-----------|--|---------------------------------------|
| 20552     | Injection(s); single or multiple trigger point(s), one or two muscle(s)  | Yes                                   |
| 20553     | Injection(s); single or multiple trigger point(s), three or more muscle(s)   | Yes                                   |
| 22510     | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic   | Yes                                   |
| 22511     | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral   | Yes                                   |
| 22512     | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)   | Yes                                   |
| 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  | Yes                                   |
| 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  | Yes                                   |
| 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) | Yes                                   |
| 22526     | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluroscopic guidance; single level   | Yes                                   |
| 22527     | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluroscopic guidance; one or more additional levels (List separately in addition to code for primary procedure)  | Yes                                   |
| 27096     | Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid   | Yes                                   |
| 62263     | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administer  | Yes                                   |
| 62264     | Percutaneous lysis of epidural adhesion using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administere  | Yes                                   |
| 62280     | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid   | Yes                                   |
| 62281     | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic   | Yes                                   |
| 62282     | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)  | Yes                                   |
| 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                           | Yes                                   |
| 62290     | Injection procedure for discography, each level; lumbar  | Yes                                   |
| 62291     | Injection procedure for discography, each level; cervical/thoracic   | Yes                                   |

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| 62292     | Injection procedure for chemonucleolysis, including diskography, intervertebral disc, single or multiple levels, lumbar  | Yes                                   |
| 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   | Yes                                   |
| 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)  | Yes                                   |
| 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  | Yes                                   |
| 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)   | Yes                                   |
| 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                           | Yes                                   |
| 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)      | Yes                                   |
| 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                      | Yes                                   |
| 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) | Yes                                   |
| 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 lamine  | Yes                                   |
| 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 laminecto  | Yes                                   |
| 62360     | Implantation of device for intrathecal or epidural drug infusion; subcutaneous reservoir   | Yes                                   |
| 62361     | Implantation of device for intrathecal or epidural drug infusion; non-programmable pump  | Yes                                   |
| 62362     | Implantation of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming  | Yes                                   |
| 62367     | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming   | Yes                                   |
| 62368     | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming  | Yes                                   |
| 62370     | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualifi  | Yes                                   |
| 63650     | Percutaneous implantation of neurostimulator electrode array, epidural   | Yes                                   |
| 63655     | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural   | Yes                                   |
| 63663     | Revision, including replacement, of spinal neurostimulator electrode percutaneous array(s)   | Yes                                   |
| 63664     | Revision, including replacement, of spinal neurostimulator electrode plate/paddle(s)   | Yes                                   |
| 63685     | Insertion or replacement of spinal neurostimulator pulse generator or receiver   | Yes                                   |

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| 63688     | Revision or removal of implanted spinal neurostimulator pulse generator or receiver   | Yes                                   |
| 64405     | Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve   | Yes                                   |
| 64451     | Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)   | Yes                                   |
| 64479     | Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level   | Yes                                   |
| 64480     | Injection, anesthetic agent and/or steroid, transforaminal epidural;cervical or thoracic, each additional level (List separately in addition to code for primary procedure)   | Yes                                   |
| 64483     | Injection, anesthetic agent and/or steroid, transforaminal epidural;lumbar or sacral, single level  | Yes                                   |
| 64484     | Injection, anesthetic agent and/or steroid, transforaminal epidural;lumbar or sacral, each additional level (List separately in addition to code for primary procedure)   | Yes                                   |
| 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   | Yes                                   |
| 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 (   | Yes                                   |
| 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  | Yes                                   |
| 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   | Yes                                   |
| 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   | Yes                                   |
| 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 addi   | Yes                                   |
| 64510     | Injection, anesthetic agent; stellate ganglion (cervical sympathetic)   | Yes                                   |
| 64520     | Injection, anesthetic agent;lumbar or thoracic (paravertebral sympathetic)  | Yes                                   |
| 64625     | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)  | Yes                                   |
| 64633     | Destruction of paravertebral facet joint nerve(s) by neurolytic agent with fluoroscopy or CT image guidance; cervical or thoracic, single facet joint for the first level performed   | Yes                                   |
| 64634     | Destruction of paravertebral facet joint nerve(s) by neurolytic agent with fluoroscopy or CT image guidance; cervical or thoracic, each additional level  | Yes                                   |
| 64635     | Destruction of paravertebral facet joint nerve(s) by neurolytic agent with fluoroscopy or CT image guidance; lumbar or sacral, single facet joint for the first level performed   | Yes                                   |
| 64636     | Destruction of paravertebral facet joint nerve(s) by neurolytic agent with fluoroscopy or CT image guidance; lumbar or sacral, each additional level  | Yes                                   |
| 64640     | Destruction by neurolytic agent; other peripheral nerve or branch   | Yes                                   |
| 72285     | Diskography Cervical/Thoracic RS&I  | Yes                                   |
| 72295     | Diskography Lumbar RS&I   | Yes                                   |
| 95971     | Electronic analysis of implanted neurostimulator pulse generator system; simple spinal cord, or peripheral, with intraoperative or subsequent programming   | Yes                                   |
| 95972     | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming | Yes                                   |
| 0200T     | Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed   | Yes                                   |

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| 0201T     | Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed  | Yes                                   |
| 0213T     | Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic; single level   | Yes                                   |
| 0214T     | Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)   | Yes                                   |
| 0215T     | Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)                                    | Yes                                   |
| 0216T     | Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, lumbar or sacral; single level   | Yes                                   |
| 0217T     | Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)   | Yes                                   |
| 0218T     | Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)  | Yes                                   |
| 0228T     | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level  | Yes                                   |
| 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)   | Yes                                   |
| 0627T     | Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level   | Yes                                   |
| 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) | Yes                                   |
| 0629T     | Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level   | Yes                                   |
| 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)           | Yes                                   |
| 0784T     | Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed   | Yes                                   |
| 0785T     | Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator   | Yes                                   |
| C1767     | Generator, neurostimulator (implantable), nonrechargeable   | Yes                                   |
| C1787     | Patient programmer, neurostimulator   | Yes                                   |
| C1816     | Receiver and/or transmitter, neurostimulator (implantable)  | Yes                                   |
| C1820     | Generator, neurostimulator (implantable), with rechargeable battery and charging system   | Yes                                   |
| G0260     | Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)   | Yes                                   |
| L8680     | Implantable neurostimulator electrode, each   | Yes                                   |
| L8681     | Patient programmer (external) for use with implantable neurostimulator pulse generator, replacement   | Yes                                   |
| L8682     | Implantable neurostimulator radiofrequency receiver   | Yes                                   |
| L8683     | Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver  | Yes                                   |
| L8685     | Implantable neurostimulator pulse generator, single array, rechargeable, includes extension   | Yes                                   |
| L8686     | Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension  | Yes                                   |

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| L8687     | Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension    | Yes                                      |
| L8688     | Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension | Yes                                      |

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