



Aetna Better Health of West Virginia Prior Authorization Procedure List: Interventional Pain Management

| Category | CPT® Code | CPT® Code Description |
|--------------------------|--------------|---|
| Interventional Pain Mgmt | 22510 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic |
| Interventional Pain Mgmt | 22511 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral |
| Interventional Pain Mgmt | 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 f |
| Interventional Pain Mgmt | 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 |
| Interventional Pain Mgmt | 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 |
| Interventional Pain Mgmt | 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 |
| Interventional Pain Mgmt | 27096 | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed |
| Interventional Pain Mgmt | 62263 | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days |
| Interventional Pain Mgmt | 62264 | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day |
| Interventional Pain Mgmt | 62280 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid |
| Interventional Pain Mgmt | 62281 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic |
| Interventional Pain Mgmt | 62282 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal) |

| Category | CPT® Code | CPT® Code Description |
|--------------------------|--------------|---|
| Interventional Pain Mgmt | 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 the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar |
| Interventional Pain Mgmt | 62290 | Injection procedure for discography, each level; lumbar |
| Interventional Pain Mgmt | 62291 | Injection procedure for discography, each level; cervical or thoracic |
| Interventional Pain Mgmt | 62292 | Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar |
| Interventional Pain Mgmt | 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 |
| Interventional Pain Mgmt | 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) |
| Interventional Pain Mgmt | 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 |
| Interventional Pain Mgmt | 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) |
| Interventional Pain Mgmt | 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 |
| Interventional Pain Mgmt | 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) |
| Interventional Pain Mgmt | 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 |
| Interventional Pain Mgmt | 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) |

| Category | CPT® Code | CPT® Code Description |
|--------------------------|--------------|---|
| Interventional Pain Mgmt | 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 |
| Interventional Pain Mgmt | 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 |
| Interventional Pain Mgmt | 62360 | Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir |
| Interventional Pain Mgmt | 62361 | Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump |
| Interventional Pain Mgmt | 62362 | Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming |
| Interventional Pain Mgmt | 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 or refill |
| Interventional Pain Mgmt | 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 |
| Interventional Pain Mgmt | 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 |
| Interventional Pain Mgmt | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural |
| Interventional Pain Mgmt | 63655 | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural |
| Interventional Pain Mgmt | 63663 | Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed |
| Interventional Pain Mgmt | 63664 | Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed |
| Interventional Pain Mgmt | 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver |
| Interventional Pain Mgmt | 63688 | Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array |
| Interventional Pain Mgmt | 64405 | Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve |
| Interventional Pain Mgmt | 64451 | Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) |
| Interventional Pain Mgmt | 64479 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level |
| Interventional Pain Mgmt | 64480 | Injection(s), anesthetic agent 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) |
| Interventional Pain Mgmt | 64483 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level |

| Category | CPT® Code | CPT® Code Description |
|--------------------------|--------------|---|
| Interventional Pain Mgmt | 64484 | Injection(s), anesthetic agent 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) |
| Interventional Pain Mgmt | 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 |
| Interventional Pain Mgmt | 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 proced |
| Interventional Pain Mgmt | 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 co |
| Interventional Pain Mgmt | 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 |
| Interventional Pain Mgmt | 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) |
| Interventional Pain Mgmt | 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 f |
| Interventional Pain Mgmt | 64510 | Injection, anesthetic agent; stellate ganglion (cervical sympathetic) |
| Interventional Pain Mgmt | 64520 | Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) |
| Spine | 64625 | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) |
| Interventional Pain Mgmt | 64633 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint |
| Interventional Pain Mgmt | 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) |
| Interventional Pain Mgmt | 64635 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint |
| Interventional Pain Mgmt | 64636 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure) |
| Interventional Pain Mgmt | 64640 | Destruction by neurolytic agent; other peripheral nerve or branch |
| Interventional Pain Mgmt | 72285 | Discography, cervical or thoracic, radiological supervision and interpretation |
| Interventional Pain Mgmt | 72295 | Discography, lumbar, radiological supervision and interpretation |
| Interventional Pain Mgmt | 95971 | 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 measureme |

| Category | CPT® Code | CPT® Code Description |
|--------------------------|--------------|---|
| Interventional Pain Mgmt | 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 measureme |
| Interventional Pain Mgmt | 0627T | Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level |
| Interventional Pain Mgmt | 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) |
| Interventional Pain Mgmt | 0629T | Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level |
| Interventional Pain Mgmt | 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) |
| Interventional Pain Mgmt | 0784T | Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed |
| Interventional Pain Mgmt | 0785T | Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator |
| Interventional Pain Mgmt | C1767 | Generator, neurostimulator (implantable), non-rechargeable |
| Interventional Pain Mgmt | C1787 | Patient programmer, neurostimulator |
| Interventional Pain Mgmt | C1816 | Receiver and/or transmitter, neurostimulator (implantable) |
| Interventional Pain Mgmt | C1820 | Generator, neurostimulator (implantable), non high-frequency with rechargeable battery and charging system |
| Interventional Pain Mgmt | G0260 | Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent, With Or Without Arthrography |
| Interventional Pain Mgmt | L8680 | Implantable neurostimulator electrode, each |
| Interventional Pain Mgmt | L8681 | Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only |
| Interventional Pain Mgmt | L8682 | Implantable neurostimulator radiofrequency receiver |
| Interventional Pain Mgmt | L8683 | Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver |
| Interventional Pain Mgmt | L8685 | Implantable neurostimulator pulse generator, single array, rechargeable, includes extension |
| Interventional Pain Mgmt | L8686 | Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension |
| Interventional Pain Mgmt | L8687 | Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension |
| Interventional Pain Mgmt | L8688 | Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension |

CPT® copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Effective: 1/1/2024