



## Excellus/Univera Interventional Pain Management Code List

CPT® Code	CPT® Code Description	Commercial, CHP, FHP	Medicaid	Medicare
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62280	Injection/infusion neurolytic substance, w/wo therapeutic substance; subarachnoid	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62281	Injection/infusion neurolytic substance, w/wo therapeutic substance; epidural cervical/thoracic	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62282	Injection/infusion neurolytic substance; epidural, lumbar/caudal	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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; with imaging guidance (ie, fluoroscopy or CT)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

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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	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62355	Removal of previously implanted intrathecal or epidural catheter	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

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62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64479	Injection(s), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic, Single Level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64483	Injection(s), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral, Single Level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

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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)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64520	Injection, Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

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95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump when performed; requiring skill of a physician or other qualified health care professional	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0213T	Injection(s), diag or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic;single	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0214T	Injection(s), diag or therapeutic agent, paravertebral facet jointwith ultrasound guidance, cervical or thoracic; second	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0215T	Injection(s), diag or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic; 3+	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0217T	Injection(s), Diag Or Therapeutic Agent, Paravertebral Facet Joint With Ultrasound Guidance, Lumbar Or Sacral; 2nd Level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0218T	Injection(s), Diag Or Therapeutic Agent, Paravertebral Facet Joint With Ultrasound Guidance, Lumbar Or Sacral; 3rd Level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0627T	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue- Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Fluoroscopic Guidance, Lumbar; First Level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0629T	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue- Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Ct Guidance, Lumbar; First Level	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
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)	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review

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G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent, With Or Without Arthrography	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
M0076	Prolotherapy	Investigational	Out of Scope	Investigational
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level - <i>Effective 8/21/2021</i>	PA Medical Necessity Review	Out of Scope	PA Medical Necessity Review
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	Investigational	Out of Scope	Investigational
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	Investigational	Out of Scope	Investigational

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