



## Network Health Plan WI

## Prior Authorization Procedure List: Interventional Pain

Company   Comp	*C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY										
March   Marc	Product			CPT <sup>®</sup> Code Description	Requires Prior	Requires Prior	Allowed Billing Groupings		Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Management   Man	Musculoskeletal		22505	Manipulation of spine requiring anesthesia, any region	Yes	Yes	22505	5/7/2015	5/7/2015	Active	Active
Manufactured   1995-1990   1995   1	Musculoskeletal		22526		Yes	Yes		5/14/2015	5/14/2015	Active	Active
MacCastalania   Pape	Musculoskeletal	Pain	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)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Manufacture   Contract   Contra	Musculoskeletal		27096		Yes	Yes	27096	5/14/2015	5/14/2015	Active	Active
Manufacture	Musculoskeletal		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;	Yes	Yes	62263, 62264	5/14/2015	5/14/2015	Active	Active
Microbination   Microbinatio	Musculoskeletal		62280		Yes	Yes	62280, 62281, 62282	5/14/2015	5/14/2015	Active	Active
Manufacilitation   Part   1922   with or without Colorage Service Authorizes, registered, futures, record (condition)   Feb.   1960	Musculoskeletal		62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	Yes	Yes	62280, 62281, 62282	5/14/2015	5/14/2015	Active	Active
Monoclashed and   Part     Part   Part     Part     Part     Part     Part     Part     Part     Part     Part     Part     Part     Part   P	Musculoskeletal		62282		Yes	Yes	62280, 62281, 62282	5/14/2015	5/14/2015	Active	Active
Macadasteletal   Telementical   Te	Musculoskeletal		62287	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	Yes	Yes		4/22/2014	4/22/2014	Active	Active
Mancalaskalada   Palementorical   \$2339   Profession, of Improvides on Paragraphic activations of International Control and Substitution of Paragraphic activation of International Control and Paragraphic activation of International Control and Paragraphic activation of Paragr	Musculoskeletal		62292		Yes	Yes		4/22/2014	4/22/2014	Active	Active
Macadanielatal Venementical Pain Versiente Good Pain Control of Control of Pain Versiente expediture of Control of Pain Versiente Versie	Musculoskeletal	Internventional	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,	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Maculosteletal Intermentional Pain State Control Counting State Counting Sta	Musculoskeletal		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,	Yes	Yes		1/3/2017	1/3/2017	Active	Active
Musculoskeletal Infermentional Pain   Cassa   Pain   Cassa   Pain   Pain	Musculoskeletal		62322	antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid,	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Interriventional Pain Pain Pain Pain Pain Pain Pain Pain	Musculoskeletal		62323	antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid,	Yes	Yes		1/3/2017	1/3/2017	Active	Active
Musculoskeletal Intermentional Pain	Musculoskeletal		62324	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	Yes	Yes		1/3/2017	1/3/2017	Active	Active
Musculoskeletal Pain   Intermentional Pain	Musculoskeletal		62325	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	Yes	Yes		1/3/2017	1/3/2017	Active	Active
Intermentional Pain	Musculoskeletal		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 includin	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal Pain (Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump: Without Laminectomy (Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump: Without Laminectomy (Catheter, For Long-Term Medication Administration Via An External Pump Or Pain (Catheter, For Long-Term Medication Administration Via An External Pump Or Pain (Catheter, For Long-Term Medication Administration Via An External Pump Or Pain (Catheter, For Long-Term Medication Administration Via An External Pump Or Pain (Catheter, For Long-Term Medication Administration Via An External Pump Or Pain (Catheter, For Long-Term Medication Administration Via An External Pump Or Pain (Catheter, For Long-Term Medication Administration Via An External Pump Or Pain (Catheter, For Long-Term Medication Administration Via An External Pump Or Pain (Catheter, For Long-Term Medication Administration Via Active Pain (Catheter, For Long-Term Medication Administration Via An External Pump Or Pain Via Active Pain (Catheter, For Long-Term Medication Administration Via An External Pump Or Pain Via Active Pain (Catheter, For Long-Term Medication Administration Via An External Pump Or Pain Via Active Pain (Catheter, For Long-Term Medication Administration Via An External Pump Or Pain Via Active Pain (Catheter, For Long-Term Medication Administration Via An External Pump Or Pain Via Active Pain (Catheter, For Long-Term Medication Administration Via An External Pump Or Pain Via Active Pai	Musculoskeletal		62327	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	Yes	Yes		1/3/2017	1/3/2017	Active	Active
Musculoskeletal Internventional Pain Catheter, For Long-Term Medication Administration Via An External Pump Or Yes Yes 5/14/2015 5/14/2015 Active Active Implantable Reservoir/Infruison Pump; With Longitary Catheter, For Long-Term Medication Administration Via An External Pump Or Yes Yes 5/14/2015 5/14/2015 Active Active Infrared Catheter Cathe	Musculoskeletal		62350	Catheter, For Long-Term Medication Administration Via An External Pump Or	Yes	Yes		5/14/2015	5/14/2015	Active	Active
	Musculoskeletal	Pain	62351	Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; With Laminectomy	Yes	Yes		5/14/2015	5/14/2015	Active	Active
	Musculoskeletal	Internventional Pain	62360		Yes	Yes		5/14/2015	5/14/2015	Active	Active

Product	Category	CPT <sup>®</sup> Code	CPT <sup>®</sup> Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Internventional Pain	62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir; Nonprogrammable Pump	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	62362	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With Or Without Programming	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Yes	Yes		6/4/2020	6/4/2020	Active	Active
Musculoskeletal	Internventional Pain	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	Yes		12/16/2019	12/16/2019	Active	Active
Musculoskeletal	Internventional Pain	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	Yes	Yes	64479, 64480	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	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)	Yes	Yes	64479, 64480	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Yes	Yes	64483, 64484	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	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)	Yes	Yes	64483, 64484	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	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	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	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)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoractic; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	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	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	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)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacrat; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Yes	Yes	64510, 64520	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) Requests for injections/blocks of other autonomic nerves (e.g. sphenopalatine ganglion, carotid sinus, superior hypogastric plexus, celiac plexus, Casserian ganglion (trigeminal nerve), splanchnic nerve, Ganglion of Impar, rami communicans) are not in scope of review and do not require prior authorization.	Yes	Yes	64510, 64520	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Yes	Yes	64633, 64634, 64635, 64636	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	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)	Yes	Yes	64633, 64634, 64635, 64636	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Yes	Yes	64633, 64634, 64635, 64636	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	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)	Yes	Yes	64633, 64634, 64635, 64636	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	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	Yes	0200T, 0201T	4/22/2014	4/22/2014	Active	Active
Musculoskeletal	Internventional Pain	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	Yes	0200T, 0201T	4/22/2014	4/22/2014	Active	Active

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Musculoskeletal	Internventional Pain	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Yes	Yes	0213T, 0214T, 0215T, 0216T, 0217T, 0218T	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	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)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain		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)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain		Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	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)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	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)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	0627T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Yes	Yes		12/29/2020	12/29/2020	Active	Active
Musculoskeletal	Interventional Pain	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	Yes		12/29/2020	12/29/2020	Active	Active
Musculoskeletal	Interventional Pain		Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Yes	Yes		12/29/2020	12/29/2020	Active	Active
Musculoskeletal	Interventional Pain	0630T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unitateral or bilateral rijection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Yes	Yes		12/29/2020	12/29/2020	Active	Active
Musculoskeletal	Internventional Pain	0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	Yes	Yes		1/1/2024	1/1/2024	Active	Active
Musculoskeletal	Internventional Pain	0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	Yes	Yes		1/1/2024	1/1/2024	Active	Active
Musculoskeletal	Internventional Pain	M0076	Prolotherapy	Yes	Yes	M0076	5/14/2015	5/14/2015	Active	Active

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