

**WellCare Health Plans**  
**Interventional Pain Management Code List**

Category/ Grouping	CPT® Code	CPT® Code Description	Medicaid Requires Prior Authorization	Medicare Requires Prior Authorization
Interventional Pain Mgmt	<b>00640</b>	Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Cervical, Thoracic Or Lumbar Spine	Out of Scope	Yes
Interventional Pain Mgmt	<b>01935</b>	Anesthesia For Percutaneous Image Guided Procedures On The Spine And Spinal Cord; Diagnostic	Out of Scope	Yes
Interventional Pain Mgmt	<b>01936</b>	Anesthesia For Percutaneous Image Guided Procedures On The Spine And Spinal Cord; Therapeutic	Out of Scope	Yes
Interventional Pain Mgmt	<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	Out of Scope	Yes
Interventional Pain Mgmt	<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	Out of Scope	Yes
Interventional Pain Mgmt	<b>20552</b>	Injection(S); Single Or Multiple Trigger Point(S), 1or 2 Muscle(S)	Out of Scope	Yes
Interventional Pain Mgmt	<b>20553</b>	Injection(S); Single Or Multiple Trigger Point(S), 3 Or More Muscle(S)	Out of Scope	Yes
Interventional Pain Mgmt	<b>22505</b>	Manipulation Of Spine Requiring Anesthesia, Any Region	Out of Scope	Yes
Interventional Pain Mgmt	<b>22510</b>	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Cervicothoracic	Out of Scope	Yes
Interventional Pain Mgmt	<b>22511</b>	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Lumbosacral	Out of Scope	Yes
Interventional Pain Mgmt	<b>22512</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>22513</b>	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	Out of Scope	Yes
Interventional Pain Mgmt	<b>22514</b>	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	Out of Scope	Yes

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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; Each Additional Thoracic Or Lumbar Vertebral Body(List Separately In Addition To Code For Primary Procedure)	Out of Scope	Yes
Interventional Pain Mgmt	22526	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Single Level	Out of Scope	Yes
Interventional Pain Mgmt	22527	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; One Or More Additional Levels (List Separately In Addition To Code For Primary Procedure)	Out of Scope	Yes
Interventional Pain Mgmt	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Out of Scope	Yes
Interventional Pain Mgmt	61790	Creation Of Lesion By Stereotactic Method, Percutaneous, By Neurolytic Agent (eg, Alcohol, Thermal, Electrical, Radiofrequency); Gasserian Ganglion	Out of Scope	Yes
Interventional Pain Mgmt	61791	Creation Of Lesion By Stereotactic Method, Percutaneous, By Neurolytic Agent (eg, Alcohol, Thermal, Electrical, Radiofrequency); Trigeminal Medullary Tract	Out of Scope	Yes
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	Out of Scope	Yes
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; 1day	Out of Scope	Yes
Interventional Pain Mgmt	62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	Out of Scope	Yes
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	Out of Scope	Yes
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)	Out of Scope	Yes
Interventional Pain Mgmt	62287	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Dual Lead System	Out of Scope	Yes
Interventional Pain Mgmt	62290	Injection Procedure For Discography, Each Level; Lumbar	Out of Scope	Yes
Interventional Pain Mgmt	62291	Injection Procedure For Discography, Each Level; Cervical Or Thoracic	Out of Scope	Yes
Interventional Pain Mgmt	62292	Injection Procedure For Chemonucleolysis, Including Discography, Intervertebral Disc, Single Or Multiple Levels, Lumbar	Out of Scope	Yes
Interventional Pain Mgmt	62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	Out of Scope	No
Interventional Pain Mgmt	62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	Out of Scope	No

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Interventional Pain Mgmt	<b>62318</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	Out of Scope	No
Interventional Pain Mgmt	<b>62319</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	Out of Scope	No
Interventional Pain Mgmt	<b>62320</b>	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	Out of Scope	Yes
Interventional Pain Mgmt	<b>62321</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>62322</b>	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	Out of Scope	Yes
Interventional Pain Mgmt	<b>62323</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>62324</b>	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	Out of Scope	Yes
Interventional Pain Mgmt	<b>62325</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>62326</b>	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	Out of Scope	Yes
Interventional Pain Mgmt	<b>62327</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>62350</b>	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	Out of Scope	Yes

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Interventional Pain Mgmt	<b>62351</b>	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	Out of Scope	Yes
Interventional Pain Mgmt	<b>62360</b>	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	Out of Scope	Yes
Interventional Pain Mgmt	<b>62361</b>	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	Out of Scope	Yes
Interventional Pain Mgmt	<b>62362</b>	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	Out of Scope	Yes
Interventional Pain Mgmt	<b>63650</b>	Percutaneous implantation of neurostimulator electrode array, epidural	Out of Scope	Yes
Interventional Pain Mgmt	<b>63655</b>	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Out of Scope	Yes
Interventional Pain Mgmt	<b>63663</b>	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Out of Scope	Yes
Interventional Pain Mgmt	<b>63664</b>	Revision Including Replacement, When Performed, Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via Laminotomy Or Laminectomy, Including Fluoroscopy, When Performed	Out of Scope	Yes
Interventional Pain Mgmt	<b>63685</b>	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Out of Scope	Yes
Interventional Pain Mgmt	<b>63688</b>	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	Out of Scope	Yes
Interventional Pain Mgmt	<b>64451</b>	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Out of Scope	Yes
Interventional Pain Mgmt	<b>64479</b>	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	Out of Scope	Yes
Interventional Pain Mgmt	<b>64480</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>64483</b>	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	Out of Scope	Yes
Interventional Pain Mgmt	<b>64484</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>64490</b>	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	Out of Scope	Yes
Interventional Pain Mgmt	<b>64491</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>64492</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>64493</b>	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	Out of Scope	Yes

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Interventional Pain Mgmt	<b>64494</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>64495</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>64510</b>	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Out of Scope	Yes
Interventional Pain Mgmt	<b>64520</b>	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	Out of Scope	Yes
Interventional Pain Mgmt	<b>64625</b>	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Out of Scope	Yes
Interventional Pain Mgmt	<b>64633</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Out of Scope	Yes
Interventional Pain Mgmt	<b>64634</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>64635</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Out of Scope	Yes
Interventional Pain Mgmt	<b>64636</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>72275</b>	Epidurography, Radiological Supervision And Interpretation	Out of Scope	Yes
Interventional Pain Mgmt	<b>72285</b>	Discography, Cervical Or Thoracic, Radiological Supervision And Interpretation	Out of Scope	Yes
Interventional Pain Mgmt	<b>72295</b>	Discography, Lumbar, Radiological Supervision And Interpretation	Out of Scope	Yes
Interventional Pain Mgmt	<b>77003</b>	Fluoroscopic Guidance And Localization Of Needle Or Catheter Tip For Spine Or Paraspinal Diagnostic Or Therapeutic Injection Procedures (Epidural Or Subarachnoid)	Out of Scope	Yes
Interventional Pain Mgmt	<b>0200T</b>	Percutaneous Sacral Augmentation (Sacroplasty), Unilateral Injection(s), Including The Use Of A Balloon Or Mechanical Device (If Utilized), One Or More Needles	Out of Scope	Yes
Interventional Pain Mgmt	<b>0201T</b>	Percutaneous Sacral Augmentation (Sacroplasty), Bilateral Injections, Including The Use Of A Balloon Or Mechanical Device (If Utilized), Two Or More Needles	Out of Scope	Yes
Interventional Pain Mgmt	<b>0213T</b>	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Cervical Or Thoracic; Single Level	Out of Scope	Yes

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Interventional Pain Mgmt	<b>0214T</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>0215T</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>0216T</b>	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Lumbar Or Sacral; Single Level	Out of Scope	Yes
Interventional Pain Mgmt	<b>0217T</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>0218T</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>0627T</b>	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue- Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Fluoroscopic Guidance, Lumbar; First Level	Out of Scope	Yes
Interventional Pain Mgmt	<b>0628T</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>0629T</b>	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue- Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Ct Guidance, Lumbar; First Level	Out of Scope	Yes
Interventional Pain Mgmt	<b>0630T</b>	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)	Out of Scope	Yes
Interventional Pain Mgmt	<b>0784T</b>	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	Out of Scope	Yes
Interventional Pain Mgmt	<b>0785T</b>	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	Out of Scope	Yes
Interventional Pain Mgmt	<b>G0259</b>	Injection Procedure For Sacroiliac Joint; Arthrography	Out of Scope	Yes
Interventional Pain Mgmt	<b>G0260</b>	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent, With Or Without Arthrography	Out of Scope	Yes
Interventional Pain Mgmt	<b>M0076</b>	Prolotherapy	Out of Scope	Yes
Interventional Pain Mgmt	<b>S2348</b>	Decompress Disc RF Lumbar	Out of Scope	Yes
Interventional Pain Mgmt	<b>S9090</b>	Vertebral Axial Decompression	Out of Scope	Yes

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