

**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

Category	CPT® Code	CPT® Code Description
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)
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

Category	CPT® Code	CPT® Code Description
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)
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

Category	CPT® Code	CPT® Code Description
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
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)

Category	CPT® Code	CPT® Code Description
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 measure)
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 measure)
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

Category	CPT® Code	CPT® Code Description
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 2025 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.