

## Health Alliance Plan Musculoskeletal Code List

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
PAIN MANAGEMENT	00640	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic, or lumbar spine	Excluded from Program	Excluded from Program
PAIN MANAGEMENT	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	Excluded from Program	Excluded from Program
PAIN MANAGEMENT	0201T	Percutaneous sacral augmentation (sacroplasty), bilateral 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	Excluded from Program	Excluded from Program
PAIN MANAGEMENT	0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	PA Medical Necessity Review	PA Medical Necessity Review
PAIN MANAGEMENT	0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	PA Medical Necessity Review	PA Medical Necessity Review
PAIN MANAGEMENT	22505	Manipulation of spine requiring anesthesia, any region	Excluded from Program	Excluded from Program
PAIN MANAGEMENT	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Excluded from Program	Excluded from Program
PAIN MANAGEMENT	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)	Excluded from Program	Excluded from Program
PAIN MANAGEMENT	62263	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)	Excluded from Program	Excluded from Program
PAIN MANAGEMENT	62264	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	Excluded from Program	Excluded from Program
PAIN MANAGEMENT	62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	Excluded from Program	Excluded from Program
PAIN MANAGEMENT	62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	PA Medical Necessity Review	PA Medical Necessity Review
PAIN MANAGEMENT	62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	PA Medical Necessity Review	PA Medical Necessity Review
PAIN MANAGEMENT	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 discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	Excluded from Program	Excluded from Program
PAIN MANAGEMENT	M0076	Prolotherapy	Excluded from Program	Excluded from Program
PAIN MANAGEMENT	S2348	Decompression disc of lumbar	Excluded from Program	Excluded from Program

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
PAIN MANAGEMENT	S9090	Vertebral axial decompression	Excluded from Program	Excluded from Program
Pain Management	01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	01991	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	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	01992	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	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	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)	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	0215T	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)	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	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)	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	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)	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
Pain Management	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	PA Medical Necessity Review
Pain Management	20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	20553	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or ct) including arthrography when performed	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	62290	Injection procedure for discography each level; lumbar	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	62291	Injection procedure for discography each level; cervical or thoracic	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single, or multiple levels, lumbar	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	62361	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir; nonprogrammable pump	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	63650	Percutaneous implantation of neurostimulator electrode array, epidural	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s) including fluoroscopy, when performed	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commercial	Medicare
Pain Management	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	PA Medical Necessity Review
Pain Management	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	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	PA Medical Necessity Review
Pain Management	72285	Discography, cervical or thoracic, radiological supervision and interpretation	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	72295	Discography, lumbar, radiological supervision and interpretation	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (list separately in addition to code for primary procedure)	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	G0259	Injection procedure for sacroiliac joint; arthrography	PA Medical Necessity Review	PA Medical Necessity Review
Pain Management	G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	PA Medical Necessity Review	PA Medical Necessity Review

CPT copyright 2025 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.