

Horizon Pain Management Code List

CPT® Code	CPT® Code Description	Commercial	Medicare
640	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic, or lumbar spine	PA Medical Necessity Review	PA Medical Necessity Review
1991	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
1992	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
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	PA Medical Necessity Review	PA Medical Necessity Review
20553	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	PA Medical Necessity Review	PA Medical Necessity Review
22505	Manipulation of spine requiring anesthesia, any region	PA Medical Necessity Review	PA Medical Necessity Review
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
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
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
62263	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; 2 or more days	Investigational	Investigational
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	Investigational	Investigational
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	Investigational	Investigational

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62290	Injection procedure for discography each level; lumbar	PA Medical Necessity Review	PA Medical Necessity Review
62291	Injection procedure for discography each level; cervical or thoracic	PA Medical Necessity Review	PA Medical Necessity Review
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single, or multiple levels, lumbar	PA Medical Necessity Review	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; without imaging guidance	PA Medical Necessity Review	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	PA Medical Necessity Review
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
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
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
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
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
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
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	PA Medical Necessity Review	PA Medical Necessity Review

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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	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	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	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	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	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	PA Medical Necessity Review
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
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
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
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
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
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	PA Medical Necessity Review	PA Medical Necessity Review
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	PA Medical Necessity Review	PA Medical Necessity Review
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	PA Medical Necessity Review	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	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	PA Medical Necessity Review

Effective: 1/1/2025

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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
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
72285	Discography, cervical or thoracic, radiological supervision and interpretation	PA Medical Necessity Review	PA Medical Necessity Review
72295	Discography, lumbar, radiological supervision and interpretation	PA Medical Necessity Review	PA Medical Necessity Review
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
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
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
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
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
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
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
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
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
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
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
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

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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
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
G0259	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	Investigational	Investigational
G0260	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
M0076	Prolotherapy	Investigational	Investigational
S2348	Decompression disc rf lumbar	Investigational	Investigational
S9090	Vertebral axial decompression	Investigational	Investigational

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