

## Univera Interventional Pain Management Code List

| CPT® Code | CPT® Code Description  | Commercial, CHP, FHP        | Medicaid     | Medicare                    |
|-----------|--|-----------------------------|--------------|-----------------------------|
| 27096     | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 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   | Investigational             | Out of Scope | Investigational             |
| 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  | Investigational             | Out of Scope | Investigational             |
| 62280     | Injection/infusion neurolytic substance, w/wo therapeutic substance; subarachnoid  | Investigational             | Out of Scope | Investigational             |
| 62281     | Injection/infusion neurolytic substance, w/wo therapeutic substance; epidural cervical/thoracic  | Investigational             | Out of Scope | Investigational             |
| 62282     | Injection/infusion neurolytic substance; epidural, lumbar/caudal   | Investigational             | Out of Scope | Investigational             |
| 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; with imaging guidance (ie, fluoroscopy or CT)      | PA Medical Necessity Review | Out of Scope | 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 | Out of Scope | 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 | Out of Scope | 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 | Out of Scope | PA Medical Necessity Review |

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|-----------|--|-----------------------------|--------------|-----------------------------|
| 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 | Out of Scope | 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 | Out of Scope | 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 | Out of Scope | 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 | Out of Scope | PA Medical Necessity Review |
| 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 | Out of Scope | PA Medical Necessity Review |
| 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 | Out of Scope | PA Medical Necessity Review |
| 62355     | Removal of previously implanted intrathecal or epidural catheter   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62360     | Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 62361     | Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 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 | Out of Scope | PA Medical Necessity Review |
| 62365     | Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 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   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 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  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |

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|-----------|--|-----------------------------|--------------|-----------------------------|
| 63650     | Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63655     | Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 63685     | Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 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 | Out of Scope | 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 | Out of Scope | 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)  | Redirects to 64479          | Out of Scope | Redirects to 64479          |
| 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 | Out of Scope | 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)  | Redirects to 64483          | Out of Scope | Redirects to 64483          |
| 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 | Out of Scope | 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)                      | Redirects to 64490          | Out of Scope | Redirects to 64490          |
| 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) | Redirects to 64490          | Out of Scope | Redirects to 64490          |
| 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 | Out of Scope | 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)                          | Redirects to 64493          | Out of Scope | Redirects to 64493          |
| 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)     | Redirects to 64493          | Out of Scope | Redirects to 64493          |

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|-----------|---|-----------------------------|--------------|-----------------------------|
| 64510     | Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64520     | Injection, Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic)   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64624     | Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64625     | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 64628     | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral   | Investigational             | Out of Scope | Investigational             |
| 64629     | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)   | Investigational             | Out of Scope | Investigational             |
| 64632     | Destruction by neurolytic agent; plantar common digital nerve   | PA Medical Necessity Review | Out of Scope | 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 | Out of Scope | 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)   | Redirects to 64633          | Out of Scope | Redirects to 64633          |
| 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 | Out of Scope | 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)   | Redirects to 64635          | Out of Scope | Redirects to 64635          |
| 95990     | Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed  | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 95991     | Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump when performed; requiring skill of a physician or other qualified health care professional | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 0213T     | Injection(s), diag or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic;single  | Investigational             | Out of Scope | Investigational             |
| 0214T     | Injection(s), diag or therapeutic agent, paravertebral facet jointwith ultrasound guidance, cervical or thoracic; second  | Investigational             | Out of Scope | Investigational             |
| 0215T     | Injection(s), diag or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic; 3+   | Investigational             | Out of Scope | Investigational             |

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|-----------|---|-----------------------------|--------------|-----------------------------|
| 0216T     | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level - <b>Effective 8/21/2021</b>   | Investigational             | Out of Scope | Investigational             |
| 0217T     | Injection(s), Diag Or Therapeutic Agent, Paravertebral Facet Joint With Ultrasound Guidance, Lumbar Or Sacral; 2nd Level  | Investigational             | Out of Scope | Investigational             |
| 0218T     | Injection(s), Diag Or Therapeutic Agent, Paravertebral Facet Joint With Ultrasound Guidance, Lumbar Or Sacral; 3rd Level  | Investigational             | Out of Scope | Investigational             |
| 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 | Out of Scope | 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) | Redirects to 0627T          | Out of Scope | Redirects to 0627T          |
| 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 | Out of Scope | 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)           | Redirects to 0629T          | Out of Scope | Redirects to 0629T          |
| 0784T     | Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| 0785T     | Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| G0260     | Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent, With Or Without Arthrography   | PA Medical Necessity Review | Out of Scope | PA Medical Necessity Review |
| M0076     | Prolotherapy  | Investigational             | Out of Scope | Investigational             |

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