

**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	00640	Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Cervical, Thoracic Or Lumbar Spine	Out of Scope	Yes
Interventional Pain Mgmt	01935	Anesthesia For Percutaneous Image Guided Procedures On The Spine And Spinal Cord; Diagnostic	Out of Scope	Yes
Interventional Pain Mgmt	01936	Anesthesia For Percutaneous Image Guided Procedures On The Spine And Spinal Cord; Therapeutic	Out of Scope	Yes
Interventional Pain Mgmt	01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic	Yes	Yes
Interventional Pain Mgmt	01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral	Yes	Yes
Interventional Pain Mgmt	01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic	Yes	Yes
Interventional Pain Mgmt	01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral	Yes	Yes
Interventional Pain Mgmt	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	Out of Scope	Yes
Interventional Pain Mgmt	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	Out of Scope	Yes
Interventional Pain Mgmt	20552	Injection(S); Single Or Multiple Trigger Point(S), 1or 2 Muscle(S)	Out of Scope	Yes
Interventional Pain Mgmt	20553	Injection(S); Single Or Multiple Trigger Point(S), 3 Or More Muscle(S)	Out of Scope	Yes
Interventional Pain Mgmt	22505	Manipulation Of Spine Requiring Anesthesia, Any Region	Out of Scope	Yes
Interventional Pain Mgmt	22510	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	22511	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	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 For Primary Procedure)	Out of Scope	Yes

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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; Thoracic	Out of Scope	Yes
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; Lumbar	Out of Scope	Yes
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

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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
Interventional Pain Mgmt	62318	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	62319	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	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	Out of Scope	Yes
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)	Out of Scope	Yes
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	Out of Scope	Yes
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)	Out of Scope	Yes
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	Out of Scope	Yes
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)	Out of Scope	Yes
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	Out of Scope	Yes

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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)	Out of Scope	Yes
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	Out of Scope	Yes
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	Out of Scope	Yes
Interventional Pain Mgmt	62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	Out of Scope	Yes
Interventional Pain Mgmt	62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	Out of Scope	Yes
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	Out of Scope	Yes
Interventional Pain Mgmt	63650	Percutaneous implantation of neurostimulator electrode array, epidural	Out of Scope	Yes
Interventional Pain Mgmt	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Out of Scope	Yes
Interventional Pain Mgmt	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Out of Scope	Yes
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	Out of Scope	Yes
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	Out of Scope	Yes
Interventional Pain Mgmt	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	Out of Scope	Yes
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)	Out of Scope	Yes
Interventional Pain Mgmt	64479	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	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)	Out of Scope	Yes
Interventional Pain Mgmt	64483	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	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)	Out of Scope	Yes
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	Out of Scope	Yes
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 procedure)	Out of Scope	Yes

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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 code for primary procedure)	Out of Scope	Yes
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	Out of Scope	Yes
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)	Out of Scope	Yes
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 for primary procedure)	Out of Scope	Yes
Interventional Pain Mgmt	64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Out of Scope	Yes
Interventional Pain Mgmt	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	Out of Scope	Yes
Interventional Pain Mgmt	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Out of Scope	Yes
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	Out of Scope	Yes
Interventional Pain Mgmt	64634	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	64635	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	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)	Out of Scope	Yes
Interventional Pain Mgmt	72275	Epidurography, Radiological Supervision And Interpretation	Out of Scope	Yes
Interventional Pain Mgmt	72285	Discography, Cervical Or Thoracic, Radiological Supervision And Interpretation	Out of Scope	Yes
Interventional Pain Mgmt	72295	Discography, Lumbar, Radiological Supervision And Interpretation	Out of Scope	Yes
Interventional Pain Mgmt	77003	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	0200T	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	0201T	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	0213T	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	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)	Out of Scope	Yes
Interventional Pain Mgmt	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)	Out of Scope	Yes
Interventional Pain Mgmt	0216T	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	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)	Out of Scope	Yes
Interventional Pain Mgmt	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)	Out of Scope	Yes
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	Out of Scope	Yes
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)	Out of Scope	Yes
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	Out of Scope	Yes
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)	Out of Scope	Yes
Interventional Pain Mgmt	0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	Out of Scope	Yes
Interventional Pain Mgmt	0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	Out of Scope	Yes
Interventional Pain Mgmt	G0259	Injection Procedure For Sacroiliac Joint; Arthrography	Out of Scope	Yes
Interventional Pain Mgmt	G0260	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	M0076	Prolotherapy	Out of Scope	Yes
Interventional Pain Mgmt	S2348	Decompress Disc RF Lumbar	Out of Scope	Yes
Interventional Pain Mgmt	S9090	Vertebral Axial Decompression	Out of Scope	Yes

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