

Aetna Better Health of Illinois
Prior Authorization Procedure List: Interventional Pain Management

CPT® Code	CPT® Code Description	Medicaid Requires Prior Authorization	Notes
20552	Injection(s); single or multiple trigger point(s), one or two muscle(s)	Yes	
20553	Injection(s); single or multiple trigger point(s), three or more muscle(s)	Yes	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Yes	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Yes	
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)	Yes	Add-On
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	Yes	
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	Yes	
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)	Yes	Add-On
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Yes	
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)	Yes	Add-On
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	Yes	
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administer	Yes	
62264	Percutaneous lysis of epidural adhesion using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administere	Yes	
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	Yes	
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	Yes	
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	Yes	
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	Yes	2017 AMA description revision
62290	Injection procedure for discography, each level; lumbar	Yes	
62291	Injection procedure for discography, each level; cervical/thoracic	Yes	
62292	Injection procedure for chemonucleolysis, including diskography, intervertebral disc, single or multiple levels, lumbar	Yes	
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	Yes	2017 AMA addition
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)	Yes	2017 AMA addition

CPT® Code	CPT® Code Description	Medicaid Requires Prior Authorization	Notes
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	Yes	2017 AMA addition
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)	Yes	2017 AMA addition
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	Yes	2017 AMA addition
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)	Yes	2017 AMA addition
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	Yes	2017 AMA addition
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)	Yes	2017 AMA addition
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 lamine	Yes	
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	Yes	
62360	Implantation of device for intrathecal or epidural drug infusion; subcutaneous reservoir	Yes	
62361	Implantation of device for intrathecal or epidural drug infusion; non-programmable pump	Yes	
62362	Implantation of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	Yes	
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	Yes	
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	Yes	
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 qualified person)	Yes	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	Yes	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Yes	
63663	Revision, including replacement, of spinal neurostimulator electrode percutaneous array(s)	Yes	
63664	Revision, including replacement, of spinal neurostimulator electrode plate/paddle(s)	Yes	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Yes	
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	Yes	1/1/2020 AMA Revision
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	1/1/2020 AMA Additions
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level	Yes	
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Yes	Add-On
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level	Yes	
64484	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Yes	Add-On
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	Yes	
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 (	Yes	Add-On

CPT® Code	CPT® Code Description	Medicaid Requires Prior Authorization	Notes
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	Yes	Add-On
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	Yes	
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	Yes	Add-On
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 addi	Yes	Add-On
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Yes	
64520	Injection, anesthetic agent;lumbar or thoracic (paravertebral sympathetic)	Yes	
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	1/1/2020 AMA Additions
64633	Destruction of paravertebral facet joint nerve(s) by neurolytic agent with fluoroscopy or CT image guidance; cervical or thoracic, single facet joint for the first level performed	Yes	
64634	Destruction of paravertebral facet joint nerve(s) by neurolytic agent with fluoroscopy or CT image guidance; cervical or thoracic, each additional level	Yes	Add-On
64635	Destruction of paravertebral facet joint nerve(s) by neurolytic agent with fluoroscopy or CT image guidance; lumbar or sacral, single facet joint for the first level performed	Yes	
64636	Destruction of paravertebral facet joint nerve(s) by neurolytic agent with fluoroscopy or CT image guidance; lumbar or sacral, each additional level	Yes	Add-On
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Yes	
72285	Diskography Cervical/Thoracic RS&I	Yes	
72295	Diskography Lumbar RS&I	Yes	
95971	Electronic analysis of implanted neurostimulator pulse generator system; simple spinal cord, or peripheral, with intraoperative or subsequent programming	Yes	
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 measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	Yes	
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	Yes	
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	Yes	
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic; single level	Yes	
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	Yes	Add-On
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	Add-On
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, lumbar or sacral; single level	Yes	
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	Yes	Add-On
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	
0627T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Yes	1/1/21 - AMA Addition
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)	Yes	1/1/21 - AMA Addition - Add on code. Redirect to primary code 0627T.
0629T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Yes	1/1/21 - AMA Addition
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)	Yes	1/1/21 - AMA Addition - Add on code. Redirect to primary code 0629T.

CPT® Code	CPT® Code Description	Medicaid Requires Prior Authorization	Notes
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	Yes	
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	Yes	
C1767	Generator, neurostimulator (implantable), nonrechargeable	Yes	
C1787	Patient programmer, neurostimulator	Yes	
C1816	Receiver and/or transmitter, neurostimulator (implantable)	Yes	
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	Yes	
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	Yes	
L8680	Implantable neurostimulator electrode, each	Yes	
L8681	Patient programmer (external) for use with implantable neurostimulator pulse generator, replacement	Yes	
L8682	Implantable neurostimulator radiofrequency receiver	Yes	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Yes	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Yes	
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	Yes	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Yes	
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	Yes	

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