

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

CPT® Code	CPT® Code Description	Medicaid Requires Prior Authorization
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
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluroscopic guidance; single level	Yes
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluroscopic guidance; one or more additional levels (List separately in addition to code for primary procedure)	Yes
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
62290	Injection procedure for discography, each level; lumbar	Yes
62291	Injection procedure for discography, each level; cervical/thoracic	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
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
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
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
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

CPT® Code	CPT® Code Description	Medicaid Requires Prior Authorization
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
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
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
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 laminecto	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 qualifi	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	Yes
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	Yes
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	Yes
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes
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
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
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

CPT® Code	CPT® Code Description	Medicaid Requires Prior Authorization
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
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
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
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
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
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
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
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
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
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
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
0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	Yes
0231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (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

CPT® Code	CPT® Code Description	Medicaid Requires Prior Authorization
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
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Yes
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
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.