

## 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, 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 | Investigational             | Investigational             |

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                              | Commercial                  | Medicare                    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| 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 |

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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 |

| CPT® Code | CPT® Code Description                                                                                                                                                                                                                           | Commercial                  | Medicare                    |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| 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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