

eviCore: Comprehensive Interventional Pain Management Prior Authorization CPT Code List

Platform: Image One, Isaac, Both CPT® Code Category **CPT® Code Description** Interventional Pain Management 22526 Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Single Level Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance: Once Or More Additional Levels Interventional Pain Management 22527 (List Separately In Addition To Code For Primary Procedure) Injection Procedure For Sacroiliac Joint, Anesthetic/Steroid, With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Interventional Pain Management 27096 Performed Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (E.G., Hypertonic Saline, Enzyme) Or Mechanical Means (E.G., Catheter) Interventional Pain Management 62263 Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 2 Or More Days Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (E.G., Hypertonic Saline, Enzyme) Or Mechanical Means (E.G., Catheter) Interventional Pain Management 62264 Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 1 Day Injection/Infusion Of Neurolytic Substance (Eq. Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance: Interventional Pain Management 62280 Subarachnoid Injection/Infusion Of Neurolytic Substance (Eq. Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Interventional Pain Management 62281 Epidural, Cervical Or Thoracic Injection/Infusion Of Neurolytic Substance (Eq. Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Interventional Pain Management 62282 Epidural, Lumbar, Sacral (Caudal) Decompression Procedure, Percutaneous, Of Nucleus Pulposus Of Intervertebral Disc, Any Method Utilizing Needle Based Technique To Interventional Pain Management 62287 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 Injection Procedure For Chemonucleolysis, Including Discography, Intervertebral Disc, Single, Or Multiple Levels, Lumbar Interventional Pain Management 62292 Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Interventional Pain Management 62320 Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Cervical Or Thoracic; Without Imaging Guidance Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Interventional Pain Management 62321 Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Cervical Or Thoracic; With Imaging Guidance (le. Fluoroscopy Or Ct) Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eq. Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including 62322 Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); Without Interventional Pain Management Imaging Guidance Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including 62323 Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); With Interventional Pain Management Imaging Guidance (le, Fluoroscopy Or Ct) Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) Interventional Pain Management 62324 (Eq. Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar Epidural Or Subarachnoid, Cervical Or Thoracic; Without Imaging Guidance Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) 62325 (Eq. Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar Epidural Or Subarachnoid, Interventional Pain Management Cervical Or Thoracic: With Imaging Guidance (le. Fluoroscopy Or Ct) Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) Interventional Pain Management 62326 (Eq. Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); Without Imaging Guidance Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) Interventional Pain Management 62327 (Eq. Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); With Imaging Guidance (le, Fluoroscopy Or Ct) Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term Medication Administration Via An Interventional Pain Management 62350 External Pump Or Implantable Reservoir/Infusion Pump; Without Laminectomy

Category	CPT® Code	CPT® Code Description
Interventional Pain Management	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
Interventional Pain Management	62360	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir
Interventional Pain Management	62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir; Nonprogrammable Pump Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With
Interventional Pain Management	62362	Or Without Programming
Interventional Pain Management	63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural
Interventional Pain Management	63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural
Interventional Pain Management	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
Interventional Pain Management	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) place via laminectomy, including fluoroscopy, when performed
Interventional Pain Management	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver
Interventional Pain Management	64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
Interventional Pain Management	64479	Injection, Anesthetic Agent And/Or Steroid, Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Level
Interventional Pain Management	64480	Injection, Anesthetic Agent 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)
Interventional Pain Management	64483	Injection, Anesthetic Agent And/Or Steroid, Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Level
Interventional Pain Management	64484	Injection, Anesthetic Agent 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)
Interventional Pain Management	64490	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guida
Interventional Pain Management	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)
Interventional Pain Management	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)
Interventional Pain Management	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
Interventional Pain Management	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)
Interventional Pain Management	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)
Interventional Pain Management	64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)
Interventional Pain Management	64520	Injection, Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic)
Interventional Pain Management	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
Interventional Pain Management	64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint
Interventional Pain Management	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)
Interventional Pain Management	64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint
Interventional Pain Management	64636	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)
Interventional Pain Management	G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent, With Or Without Arthrography

Category	CPT® Code	CPT® Code Description
Interventional Pain Management	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound
		guidance, cervical or thoracic; single level
Interventional Pain Management	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)
Interventional Pain Management	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)
Interventional Pain Management	0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound
		guidance, lumbar or sacral; single level
Interventional Pain Management	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)
Interventional Pain Management	0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound
interventional Fain Management		guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
Interventional Pain Management	0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic
		guidance, lumbar; first level
Interventional Pain Management	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)
Interventional Pain Management	0629T	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)
Interventional Pain Management	0630T	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)
Interventional Pain Management	0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed
	07041	insortion or replacement or percutaneous electrode array, spinar, with integrated neurostimulator, including imaging guidance, when performed
Interventional Pain Management	0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator
Interventional Pain Management	M0076	Prolotherapy

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