

**Network Health Plan WI**  
**Prior Authorization Procedure List: Interventional Pain**

*\*C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY*

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Interventional Pain	22505	Manipulation of spine requiring anesthesia, any region	Yes	Yes	22505	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Interventional Pain	22526	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Single Level	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	22527	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Once Or More Additional Levels (List Separately In Addition To Code For Primary Procedure)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Yes	Yes	27096	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	Yes	62263, 62264	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	Yes	Yes	62280, 62281, 62282	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	Yes	Yes	62280, 62281, 62282	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	Yes	Yes	62280, 62281, 62282	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	Yes		4/22/2014	4/22/2014	Active	Active
Musculoskeletal	Interventional Pain	62292	Injection Procedure For Chemoneurolysis, Including Discography, Intervertebral Disc, Single, Or Multiple Levels, Lumbar	Yes	Yes		4/22/2014	4/22/2014	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	62360	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir	Yes	Yes		5/14/2015	5/14/2015	Active	Active

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Interventional Pain	62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir; Nonprogrammable Pump	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	62362	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With Or Without Programming	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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	Yes		6/4/2020	6/4/2020	Active	Active
Musculoskeletal	Interventional Pain	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	Yes		12/16/2019	12/16/2019	Active	Active
Musculoskeletal	Interventional Pain	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	Yes	Yes	64479, 64480	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64480	Injection(s), 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)	Yes	Yes	64479, 64480	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Yes	Yes	64483, 64484	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64484	Injection(s), 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)	Yes	Yes	64483, 64484	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Yes	Yes	64510, 64520	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) Requests for injections/blocks of other autonomic nerves (e.g. sphenopalatine ganglion, carotid sinus, superior hypogastric plexus, celiac plexus, Gasserian ganglion [trigeminal nerve], splanchnic nerve, Ganglion of Impar, rami communicans) are not in scope of review and do not require prior authorization.	Yes	Yes	64510, 64520	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Yes	Yes	64633, 64634, 64635, 64636	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes	64633, 64634, 64635, 64636	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Yes	Yes	64633, 64634, 64635, 64636	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes	64633, 64634, 64635, 64636	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	0200T, 0201T	4/22/2014	4/22/2014	Active	Active
Musculoskeletal	Interventional Pain	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	Yes	0200T, 0201T	4/22/2014	4/22/2014	Active	Active

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Interventional Pain	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Yes	Yes	0213T, 0214T, 0215T, 0216T, 0217T, 0218T	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	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)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	0627T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Yes	Yes		12/29/2020	12/29/2020	Active	Active
Musculoskeletal	Interventional Pain	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	Yes		12/29/2020	12/29/2020	Active	Active
Musculoskeletal	Interventional Pain	0629T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Yes	Yes		12/29/2020	12/29/2020	Active	Active
Musculoskeletal	Interventional Pain	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	Yes		12/29/2020	12/29/2020	Active	Active
Musculoskeletal	Interventional Pain	0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	Yes	Yes		1/1/2024	1/1/2024	Active	Active
Musculoskeletal	Interventional Pain	0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	Yes	Yes		1/1/2024	1/1/2024	Active	Active
Musculoskeletal	Interventional Pain	M0076	Prolotherapy	Yes	Yes	M0076	5/14/2015	5/14/2015	Active	Active

CPT copyright 2026 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.