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AETNA BETTER HEALTH® OF NEW JERSEY

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

Product	Category	CPT® Code	CPT® Code Description	Medicaid Prior Authorization Required?	Medicare Prior Authorization Required?
Musculoskeletal	Interventional Pain Management	20552	Injection(s); single or multiple trigger point(s), one or two muscle(s)	Yes	Yes
Musculoskeletal	Interventional Pain Management	20553	Injection(s); single or multiple trigger point(s), three or more muscle(s)	Yes	Yes
Musculoskeletal	Interventional Pain Management	22526	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Single Level	Yes	Yes
Musculoskeletal	Interventional Pain Management	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
Musculoskeletal	Interventional Pain Management	27096	Injection Procedure For Sacroiliac Joint, Anesthetic/Steroid, With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed	Yes	Yes
Musculoskeletal	Interventional Pain Management	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	Yes	Yes
Musculoskeletal	Interventional Pain Management	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	Yes	Yes
Musculoskeletal	Interventional Pain Management	62280	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Subarachnoid	Yes	Yes
Musculoskeletal	Interventional Pain Management	62281	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Epidural, Cervical Or Thoracic	Yes	Yes
Musculoskeletal	Interventional Pain Management	62282	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Epidural, Lumbar, Sacral (Caudal)	Yes	Yes

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Musculoskeletal	Interventional Pain Management	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
Musculoskeletal	Interventional Pain Management	62290	Injection procedure for discography, each level; lumbar	Yes	Yes
Musculoskeletal	Interventional Pain Management	62291	Injection procedure for discography, each level; cervical/thoracic	Yes	Yes
Musculoskeletal	Interventional Pain Management	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
Musculoskeletal	Interventional Pain Management	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
Musculoskeletal	Interventional Pain Management	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
Musculoskeletal	Interventional Pain Management	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
Musculoskeletal	Interventional Pain Management	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
Musculoskeletal	Interventional Pain Management	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

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Musculoskeletal	Interventional Pain Management	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
Musculoskeletal	Interventional Pain Management	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
Musculoskeletal	Interventional Pain Management	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
Musculoskeletal	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	Yes	Yes
Musculoskeletal	Interventional Pain Management	62360	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir	Yes	Yes
Musculoskeletal	Interventional Pain	62361	Implantation of device for intrathecal or epidural drug infusion; non-programmable pump	Yes	Yes
Musculoskeletal	Interventional Pain	62362	Implantation of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	Yes	Yes
Musculoskeletal	Interventional Pain Management	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 or refill.	Yes	Yes
Musculoskeletal	Interventional Pain Management	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	Yes
Musculoskeletal	Interventional Pain Management	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 health care professional).	Yes	Yes
Musculoskeletal	Interventional Pain Management	63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural	Yes	Yes
Musculoskeletal	Interventional Pain Management	63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	Yes	Yes

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Musculoskeletal	Interventional Pain Management	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Yes	Yes
Musculoskeletal	Interventional Pain Management	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) place via laminectomy, including fluoroscopy, when performed	Yes	Yes
Musculoskeletal	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	Yes	Yes
Musculoskeletal	Interventional Pain Management	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array.	Yes	Yes
Musculoskeletal	Interventional Pain Management	64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	Yes	Yes
Musculoskeletal	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)	Yes	Yes
Musculoskeletal	Interventional Pain Management	64479	Injection, Anesthetic Agent And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or CT), Cervical Or Thoracic, Single Level	Yes	Yes
Musculoskeletal	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)	Yes	Yes
Musculoskeletal	Interventional Pain Management	64483	Injection, Anesthetic Agent And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or CT), Lumbar Or Sacral, Single Level	Yes	Yes
Musculoskeletal	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)	Yes	Yes
Musculoskeletal	Interventional Pain Management	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

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Musculoskeletal	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)	Yes	Yes
Musculoskeletal	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)	Yes	Yes
Musculoskeletal	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	Yes	Yes
Musculoskeletal	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)	Yes	Yes
Musculoskeletal	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)	Yes	Yes
Musculoskeletal	Interventional Pain Management	64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)	Yes	Yes
Musculoskeletal	Interventional Pain Management	64520	Injection, Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic)	Yes	Yes
Musculoskeletal	Interventional Pain Management	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	Yes
Musculoskeletal	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	Yes	Yes
Musculoskeletal	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)	Yes	Yes
Musculoskeletal	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	Yes	Yes

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Musculoskeletal	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)	Yes	Yes
Musculoskeletal	Interventional Pain Management	64640	Destruction by neurolytic agent; other peripheral nerve or branch	Yes	Yes
Musculoskeletal	Interventional Pain Management	72285	Diskography Cervical/Thoracic RS&I	Yes	Yes
Musculoskeletal	Interventional Pain Management	72295	Diskography Lumbar RS&I	Yes	Yes
Musculoskeletal	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	Yes	Yes
Musculoskeletal	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)	Yes	Yes
Musculoskeletal	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)	Yes	Yes
Musculoskeletal	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	Yes	Yes
Musculoskeletal	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)	Yes	Yes
Musculoskeletal	Interventional Pain Management	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
Musculoskeletal	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	Yes	Yes
Musculoskeletal	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)	Yes	Yes

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Musculoskeletal	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)	Yes	Yes
Musculoskeletal	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)	Yes	Yes
Musculoskeletal	Interventional Pain Management	0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	Yes	Yes
Musculoskeletal	Interventional Pain Management	0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	Yes	Yes
Musculoskeletal	Interventional Pain Management	C1767	Generator, neurostimulator (implantable), nonrechargeable	Yes	Yes
Musculoskeletal	Interventional Pain Management	C1787	Patient programmer, neurostimulator	Yes	Yes
Musculoskeletal	Interventional Pain Management	C1816	Receiver and/or transmitter, neurostimulator (implantable)	Yes	Yes
Musculoskeletal	Interventional Pain Management	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	Yes	Yes
Musculoskeletal	Interventional Pain Management	G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent, With Or Without Arthrography	Yes	Yes
Musculoskeletal	Interventional Pain Management	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only.	Yes	Yes
Musculoskeletal	Interventional Pain Management	L8682	Implantable neurostimulator radiofrequency receiver	Yes	Yes
Musculoskeletal	Interventional Pain Management	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Yes	Yes

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