



eviCore: Comprehensive Interventional Pain Management Prior Authorization CPT Code List

Platform: Image One

| Category | CPT® Code | CPT® Code Description |
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| Interventional Pain Management | 22526 | Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Single Level |
| 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) |
| Interventional Pain Management | 27096 | Injection Procedure For Sacroiliac Joint, Anesthetic/Steroid, With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed |
| 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 |
| 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 |
| Interventional Pain Management | 62280 | Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Subarachnoid |
| 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 |
| 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) |
| Interventional Pain Management | 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 |
| Interventional Pain Management | 62292 | Injection Procedure For Chemonucleolysis, Including Discography, Intervertebral Disc, Single, Or Multiple Levels, Lumbar |
| 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 |
| 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) |
| 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 |
| 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) |
| 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 |
| 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) |
| 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 |
| 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) |
| 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 |
| 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 |

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| 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 |
| Interventional Pain Management | 62362 | Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With 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, Direct Or Inductive Coupling |
| 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 Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Single Level |
| 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 (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint |
| Interventional Pain Management | 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) |
| Interventional Pain Management | G0260 | Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent, With Or Without Arthrography |
| 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 guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) |

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| 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 | M0076 | Prolotherapy |

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