





Prior Authorization Procedure List: Musculoskeletal Inverventional Pain Management

| | | | | | Jefferson Health Plans | | Health Partners Plans | |
|-----------------|--------------------------|---------------------------|--|-----------|------------------------|--------------|-----------------------|---------------------------|
| Product | Category | CPT [®] Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
| Musculoskeletal | Interventional Pain Mgmt | 27096 | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 62280 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 62281 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 62282 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 62355 | Removal of previously implanted intrathecal or epidural catheter | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 62360 | Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 62361 | Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump | | Included | Included | Included | Included |

Effective: 01/01/2024

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|-----------------|--------------------------|---------------------------|--|-----------|----------------------|--------------|--------------|---------------------------|
| Musculoskeletal | Interventional Pain Mgmt | 62362 | Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 63655 | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 63663 | Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 63664 | Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 63688 | Revision or removal of implanted spinal neurostimulator pulse generator or receiver | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 64451 | Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 64479 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 64483 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 64510 | Injection, anesthetic agent; stellate ganglion (cervical sympathetic) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 64520 | Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 64625 | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 64633 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 64635 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0213T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | | Included | Included | Included | Included |

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| Musculoskeletal | Interventional Pain Mgmt | 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) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0216T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0627T | Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0629T | Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 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) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0784T | Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0785T | Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | M0076 | Prolotherapy | | Included | Included | Included | Included |

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