




Coverage provided by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., (Kaiser Permanente).

## Interventional Pain Management

- To verify coverage, contracted providers can use the [Eligibility Inquiry tool](#) .
- To see prior authorization requirements or medical necessity review criteria, see the [Pre authorization Code Check](#) tool.
- Non-contracted providers can contact the Provider Assistance Unit at 1-888-767-4670.

## Important information

- Procedure authorizations do not include the standard E&M code range
- All codes that are underlined under each reason name include the same range as code in parentheses.
- For procedures that include additional codes beyond the ones listed below the individual reason name, we've added a link to the Procedure Standard Code Range. If the link is not present, the additional codes are not included.

## Interventional Pain Management Consultations

[Evaluate & Treat – 3 visits or 6 visits \(99214\) Consult Only \(99202\), Second Opinion \(99203\)](#)

## Procedure (Referral Reason) Service Ranges:

### **Arthrocentesis: (20610)**

#### **Procedure Standard Code Range Included**

10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012, 10021, 10030, 10035, 10036, 10040, 10060, 10061, 10080, 10081, 10120, 10121, 10140, 10160, 10180, 11000, 11001, 11004, 11005, 11006, 11008, 11010, 11011, 11012, 11300, 11301, 11302, 11303, 11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313, 11042, 11043, 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442, 11443, 11444, 11446, 17000, 17003, 17004, 17110, 17111, 20552, 20553, 20600, 20604, 20605, 20606, 20610, 20611, 20612, 20615, 23030, 25040, 27096, 99051, 99053, C9290

### **Discography: (62290)**

#### **Procedure Standard Code Range Included**

62284, 62287, 62290, 62291, 62292, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 72285, 72295



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### **Facet Joint Diagnostic or Medial Branch Injection Diagnostic: (64490)**

#### **Procedure Standard Code Range Included**

64490, 64491, 64492, 64493, 64494, 64495, 0213T, 0214T, 0215T, 0217T, 0218T, 77003

### **Facet Joint Therapeutic or Medial Branch Injection Therapeutic: (64490)**

#### **Procedure Standard Code Range Included**

64490, 64491, 64492, 64493, 64494, 64495, 0213T, 0214T, 0215T, 0217T, 0218T, 77003

### **Facet Neurotomy: (64636)**

#### **Procedure Standard Code Range Included**

64633, 64634, 64635, 64636, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T

### **Genicular Nerve Ablation for Knee Pain (64454)**

#### **Procedure Standard Code Range Included**

64454, 64624, 64640

### **Hip Arthrography or Sacroiliac Injection Procedure: (27095)**

#### **Procedure Standard Code Range Included**

27093, 27095, 27096, 73525, G0259, G0260

### **Kyphoplasty: (22513)**

#### **Procedure Standard Code Range Included**

20983, 22513, 22514, 22515

### **Nerve Block: (64461)**

#### **Procedure Standard Code Range Included**

64461, 64462, 64463, 77003

### **Neurostimulator Surgery: (61885)**

#### **Procedure Standard Code Range Included**

61850, 61860, 61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888, 95970, 95983, 95984, C1820, C1822, L8679, L8688

### **Steroid Epidural Injections: (64483)**

#### **Procedure Standard Code Range Included**

62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 64479, 64480, 64483, 64484, 77003

### **Steroid Non-Epidural Injections: (64400)**

#### **Procedure Standard Code Range Included**

20550, 20551, 20552, 20553, , 64400, 64405, 64408, 64415, 64416, 64417, 64418, 64420, 64421, 64425, 64430, 64435, 64445, 64446, 64447, 64448, 64449, 64451, 64455, 64486, 64487, 64488, 64489, 64505, 64510, 64517, 64520, 64530, 77003



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### Tendon Sheath Incision for Trigger Finger: (26055)

#### Procedure Standard Code Range Included

20600, 20550, 20551, 20552, 20553, 20604, 20605, 20610, 20611, 26020, 26045, 26055, 26060, 26070, 26075, 26080, 26111, 26113, 26115, 26116, 26117, 26130, 26135, 26140, 26145, 26160, 26170, 26180, 26340, 23650, 26352, 26356, 26357, 26358, 26418, 26420, 26428, 26437, 26440, 26442, 26445, 26449, 26450, 26455, 26460, 26471, 26474, 26476, 26477, 26478, 26479, 26480, 26525, 64702

Date	Description
03/16/2020	Created
06/28/2022	Added 0591T, 0592T, 0593T, 96112, 96164, 96165, 96167, 96168, 96170, 96171, A9590, G2058, G2064 to Eval & Treat. Removed L0220, L0622, L0624, L1685, L1755, L1832, L1860, L1904, L1907, L1920, L1950, L1970, L2108, L2128, L3674, L3702, L3740, L3806, L3808, L3906, L3915, L3923, L3961, L3971, L3975, L3978 from Eval & Treat. Removed L0220, L0622, L0624, L1685, L1755, L1832, L1860, L1904, L1907, L1920, L1950, L1970, L2108, L2128, L3674, L3702, L3740, L3806, L3808, L3906, L3915, L3923, L3961, L3971, L3975, L3978 from Standard Code Range for Procedures.
06/30/2022	Added Reason Genicular Nerve Ablation for Knee Pain.
08/15/2022	Added 90736, 90750, 90759, C9088, C9089, C9092 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures section. Added 99424, 99425, 99426, 99427, 99437 to Consult Only, Second Opinion, Evaluate & Treat – 3 visits or 6 visits.
08/18/2022	Updated trigger code from 64450 to 64454 for Genicular Nerve Ablation for Knee Pain. Removed 64450 from Genicular Nerve Ablation for Knee Pain.
12/01/2022	Removed J7336 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures as code now has Review requirement.
01/26/2023	Removed 61870 from Neurostimulator Surgery. Removed 99201 from Consult Only and Second Opinion. Removed Q507, J2791, J2792, C9257 and G2064 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures. Added C9101, C9144, J0134, J0136, J0173, J0283, J0611, J0689, J0701, J0703, J0877, J0891, J0892, J0893, J0898, J0899, J1456, J1574, J1611, J1643, J1954, J2021, J2184, J2247, J2251, J2272, J2281, J2311, J2401, J2402, J3244, J3371, J3372, J9314, J9393, J9394 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures.
03/16/2023	Removed 99239 and 99255 from Evaluate & Treat – 3 visits or 6 visits. Added 99418 and G0318 to Evaluate & Treat – 3 visits or 6 visits.
04/17/2023	Added 15853 15854 99484 99492 99493 99494 and to Evaluate & Treat – 3 visits or 6 visits.

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	Added J7169 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures.
05/10/2023	Added 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637, 87811, 87913, 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, 91309, 91310, 91311, 91312, 91313, 91314, 91315, 91316, 91317, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A, 0174A, 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, C1943, C9803, D0604, D0605, D0606, D1701, D1702, D1703, D1704, D1705, D1706, D1707, D1708, D1709, D1710, D1711, D1712, D1713, D1714, G2023, G2024, J0612, J0613, J2403, J9196, J9294, J9296, J9297, M0201, M0249, M0250, Q0249, U0001, U0002, U0003, U0004, U0005 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures. Removed J2400 and J9044 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures.
05/22/2023	Removed J9041 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures.
06/02/2023	Removed 91300, 91301, 91305, 91306, 91307, 91308, 91309, 91311, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, J9318 and J9319 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures section. Added 0121A, 0141A, 0142A, 0151A, 0171A, 0172A Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures section.
06/09/2023	Removed reasons Consult Only, Second Opinion Eval & treat sections and Standard Code Range for Procedures. Added link for list of codes for Consult Only, Second Opinion Eval & treat and Standard Code Range for Procedures
08//14/2023	Removed ESI, Nerve Block or Steroid Injections reason. Added new reasons Facet Joint Diagnostic or Medial Branch Injection Diagnostic, Facet Joint Therapeutic or Medial Branch Injection Therapeutic, Nerve Block, Steroid Epidural Injections and Steroid Non-Epidural Injections.
02/07/2024	Added 73525, G0259 and G0260 to Hip Arthrography or Sacroiliac Injection Procedure.
03/01/2024	Removed 73525, G0259, G0260 from Kyphoplasty.
06/20/2024	Reformatted page and added Procedure Standard Code Range link under each reason that includes the additional codes listed within the link. Added Important information section. Updated Evaluate& Treat- 3 visits or 6 visits (99214) Consult Only (99202), Second Opinion (99203) link.



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08/08/2024	For Clarification Under Important information- Removed statement- All Codes listed under each individual reason name and within the procedure Standard Code Range are included. And added new bullet -For procedures that include additional codes beyond the ones listed below the individual reason name, we've added a link to the Procedure Standard Code Range. If the link is not present, the additional codes are not included.
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Information on this site is for informational purposes only and does not guarantee coverage or payment. All services must be considered medically necessary and certain services may be subject to additional clinical review criteria. All benefits are subject to the patient's medical coverage agreement including visit, quantity, and/or dollar limits.

The Kaiser Permanente Published Range page was developed to assist in administering plan benefits. For information concerning whether a specific service or benefit is covered, please refer to the patient's medical coverage agreement, the Provider Manual, your Provider contract, or call the Kaiser Permanente Provider Assistance Unit at 1-888-767-4670.

The Kaiser Permanente Published Range page results reflect the range information at the time of the inquiry only. Kaiser Permanente reserves the exclusive right to modify, revoke, suspend or change the Published Ranges, at Kaiser Permanente's sole discretion.

CPT codes deleted by the American Medical Association or HCPC codes deleted by Centers for Medicare & Medicaid Services will remain eligible for payment for valid dates of service for 24 months to allow time for claims submission.