

**Spinal Injection Codes Requiring Utilization Review by Qualis Health  
Effective for dates of service 10/1/13 and later**

Epidural Steroid Injections	
62310	<b>Cervical</b> or <b>thoracic</b> injection using epidural or subarachnoid approach
62311	<b>Lumbar</b> or <b>sacral</b> (caudal) injection using epidural or subarachnoid approach
62318	<b>Cervical</b> or <b>thoracic</b> injection using epidural or subarachnoid approach <i>including indwelling catheter placement</i>
62319	<b>Lumbar</b> or <b>sacral</b> (caudal) injection using epidural or subarachnoid approach <i>including indwelling catheter placement</i>
64479	<b>Cervical</b> or <b>thoracic</b> <i>single level</i> transforaminal epidural injection w/imaging guidance (fluoroscopy or CT)
64480*	<b>Cervical</b> or <b>thoracic</b> <i>each additional level</i> transforaminal epidural injection w/imaging guidance (fluoroscopy or CT)
64483	<b>Lumbar</b> or <b>sacral</b> <i>single level</i> transforaminal epidural injection w/imaging guidance (fluoroscopy or CT)
64484*	<b>Lumbar</b> or <b>sacral</b> <i>each additional level</i> transforaminal epidural injection w/imaging guidance (fluoroscopy or CT)
0228T	<b>Cervical</b> or <b>thoracic</b> <i>single level</i> transforaminal epidural injection with ultrasound guidance
0229T*	<b>Cervical</b> or <b>thoracic</b> <i>each additional level</i> transforaminal epidural injection with ultrasound guidance
0230T	<b>Lumbar</b> or <b>sacral</b> <i>single level</i> transforaminal epidural injection with ultrasound guidance
0231T*	<b>Lumbar</b> or <b>sacral</b> <i>each additional level</i> transforaminal epidural injection with ultrasound guidance

\* Additional level codes must be requested with a code for the primary level

Sacroiliac Joint Injection	
27096	<b>Sacroiliac joint</b> injection with imaging guidance (fluoroscopy or CT) including arthrography

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### Diagnostic Facet Injections and Median Branch Blocks

**(For Medicaid patients, the Labor & Industries guideline is followed.)**

**NOTE:** Facet injections are only allowed as a diagnostic procedure to determine whether a patient is a candidate for facet neurotomy.

**Spinal Injection:** Please see the *Washington State Department of Labor & Industries* Medical Treatment Guidelines (MTG): <http://www.lni.wa.gov/ClaimsIns/Providers/TreatingPatients/TreatGuide/#3>

**Facet Neurotomy:** Please see the *Washington State Department of Labor & Industries* Medical Treatment Guidelines (MTG) - <http://www.lni.wa.gov/ClaimsIns/Files/OMD/MedTreat/FacetNeurotomy.pdf>

64490	<b>Cervical or thoracic</b> injection, paravertebral facet with imaging guidance (fluoroscopy or CT) <i>single level</i>
64491*	<b>Cervical or thoracic</b> injection, paravertebral facet with imaging guidance (fluoroscopy or CT) <i>second level (request in addition to code for primary procedure)</i>
64492*	<b>Cervical or thoracic</b> injection, paravertebral facet with imaging guidance (fluoroscopy or CT) <i>third and any additional levels (request in addition to code for primary procedures)</i>
64493	<b>Lumbar or sacral</b> injection, paravertebral facet with imaging guidance (fluoroscopy or CT) <i>single level</i>
64494*	<b>Lumbar or sacral</b> injection, paravertebral facet with imaging guidance (fluoroscopy or CT) <i>second level (request in addition to code for primary procedure)</i>
64495*	<b>Lumbar or sacral</b> injection, paravertebral facet with imaging guidance (fluoroscopy or CT) <i>third and any additional levels (request in addition to code for primary procedures)</i>
0213T	<b>Cervical or thoracic</b> injection, paravertebral facet with ultrasound guidance <i>single level</i>
0214T*	<b>Cervical or thoracic</b> injection, paravertebral facet with ultrasound guidance <i>second level (request in addition to code for primary procedure)</i>
0215T*	<b>Cervical or thoracic</b> injection, paravertebral facet with imaging guidance (fluoroscopy or CT) <i>third and any additional levels (request in addition to code for primary procedures)</i>
0216T	<b>Lumbar or sacral</b> injection, paravertebral facet with ultrasound guidance <i>single level</i>
0217T*	<b>Lumbar or sacral</b> injection, paravertebral facet with ultrasound guidance <i>second level (request in addition to code for primary procedure)</i>
0218T*	<b>Lumbar or sacral</b> injection, paravertebral facet with ultrasound guidance <i>third and any additional levels (request in addition to code for primary procedures)</i>

\* Additional level codes must be requested with a code for the primary level