

**Policy: MP151**

**Section: Medical Benefit Policy**

**Subject: Epidural Steroid Injections**

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**I. Policy:** Epidural Steroid Injections

**II. Purpose/Objective:**

To provide a policy of coverage regarding Epidural Steroid Injections

**III. Responsibility:**

- A. Medical Directors
- B. Medical Management

**IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

**V. Additional Definitions**

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

**Medicaid Business Segment**

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional

capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

**INDICATIONS: Requires Prior Medical Director or designee Authorization**

Epidural Steroid Injections are considered medically necessary when **all of the following criteria are met:**

1. Organic etiology of pain based on history and physical exam, leading to a diagnosis of **any of the following:**

- Intervertebral Disc Disease
- Sciatica
- Post-laminectomy syndrome
- Mononeuritis, Upper Limb
- Mononeuritis, Lower Limb
- Lumbosacral radiculitis
- Neuralgic amyotrophy

NOTE: Low back pain or neck pain alone are not considered to be medical necessity diagnoses for epidural injections

2. No evidence of localized infection at the proposed injection site or systemic infection, allergy to medication being used, use of anti-coagulants, bleeding disorder, psychogenic origin of pain or intraspinal tumor.
3. Documented failure or contraindication to physical therapy or chiropractic care.\* There must be documentation of a minimum of 4 weeks of physical therapy or chiropractic care at least 2 times per week for the four weeks (minimum of 8 visits) within one year of the request for injections. The therapy **MUST** be associated with the body area that will be treated with the requested injections. A home exercise program is not an adequate substitute for formal physical therapy or chiropractic care. **If the provider indicates the member cannot tolerate physical therapy or chiropractic care due to pain, this criteria is waived.** Please note that one visit for injection to allow the member to attend therapy is not considered medically necessary. Please also note that completion of less than the minimum number of therapy or chiropractor visits due to non-compliance is not an acceptable alternative to this requirement in the absence of documentation the member was unable to tolerate therapy services; and

**\*Physical therapy /chiropractic requirement not applicable to Medicare business segment**

4. Documented failure or contraindication to pharmacologic therapy. There must be documentation of the use of at least two (2) classes of medications from the following list of medication classes must be submitted for review: NSAIDs, opiates, non-opioid analgesics, anti-epileptic medications used for treatment of chronic pain, antidepressant medications used for treatment of chronic pain, ASA or ASA derivatives, muscle relaxants, steroids, such as prednisone or Medrol or documented contraindication to each of these drug classes.

**LIMITATIONS:**

If the medical necessity for epidural steroid injection is met, up to three (3) injections per level may be approved initially. If there is greater than 50% reduction in symptoms or greater than 50% improvement in physical and functional status with the initial blocks, the provider may request an additional series of up to three additional epidural steroid injections per level not to exceed 6 per calendar year.

**CODING ASSOCIATED WITH:** Epidural Steroid Injections

***The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements***

- 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 (New 01/01/2017)
- 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) (New 01/01/2017)
- 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 (New 01/01/2017)
- 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) (New 01/01/2017)
- 64479 Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level
- 64480 Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level
- 64483 Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level
- 64484 Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level
- 0228T Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level
- 0229T Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)
- 0230T Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level
- 0231T Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)

#### Medicare Eligible ICD10 Codes:

B02.23 , B02.7 , B02.8 , B02.9 , G54.4 , G89.18, G96.12, G96.19, G97.1 , M43.12 ,M43.13 ,M43.14 , M43.16 , M43.17 ,M47.22 , M47.23 , M47.24 , M47.25 , M47.26 , M47.27 , M47.812 , M47.813 , M47.814 M47.815 , M47.816 , M47.817 ,M48.02 , M48.03 , M48.04 , M48.05 , M48.062 , M48.07 , M50.121 , M50.122 , M50.123 , M50.13 , M51.14 , M51.15 , M51.16 , M51.17 , M51.24 , M51.25 , M51.26 , M51.27 M51.34 ,M51.35, M51.36 , M51.37 ,M54.12 ,M54.13 ,M54.14 ,M54.15 ,M54.16 ,M54.17 ,M54.18 ,M54.31 , M54.32 , M96.1 , M99.21 , M99.22 , M99.23 , M99.31 ,M99.32 ,M99.33 , M99.41 , M99.42 , M99.43 , M99.51 , M99.52 , M99.53 ,M99.61 , M99.62 , M99.63 , M99.71 ,M99.72 , M99.73

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#### LINE OF BUSINESS:

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.**

#### REFERENCES:

Rozenberg S, Dubourg G, Khalifa P, Paolozzi L, Maheu E, Ravaud P. Efficacy of epidural steroids in low back pain and sciatica. A critical appraisal by a French Task Force of randomized trials. Critical Analysis Group of the French Society for Rheumatology. Rev Rhum Engl Ed. 1999 Feb;66(2):79-85.

Manchikanti L, Staats PS, Singh V, et. al. Evidence based practice guidelines for interventional techniques in the management of chronic spinal pain. National Guideline Clearinghouse. Pain Phys 2003;6:3-81.

Acute low back problems in adults. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service, AHCPR; 1994 Dec. 160 (Clinical practice guideline; no. 14).[360 references  
<http://www.chiropracticdiplomatic.com/html/ahcpr.html>

Silbergleit R, Mehta BA, Sanders WP, Talati SF. Imaging-guided injection techniques with fluoroscopy and CT for spinal pain management. RadioGraphics 2001; 21(4):927-942

Boswell MV, Shah RV, et. al. Interventional techniques in the management of chronic spinal pain: Evidence –based practice guidelines. Pain Physician 2005;8(1):1-47.

Chou R, Atlas SJ, Stanos SP, Rosenquist RW. Nonsurgical interventional therapies for low back pain: a review of the evidence for an american pain society clinical practice guideline. Spine. 2009 May 1;34(10):1078-93.

Chou R, Loeser JD, Owens DK, Rosenquist RW, Atlas SJ, Baisden J, et al. for the American Pain Society Low Back Pain Guideline Panel. Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain. Spine. 2009 14(10): 1066-1077.

Bicket MC, Horowitz JM, Benzon HT, Cohen SP. Epidural injections in prevention of surgery for spinal pain: systematic review and meta-analysis of randomized controlled trials. Spine J. 2015; 15 (2):348-362

Manchikanti L, Singh V, Cash KA, et al. A randomized, double-blind, active-control trial of the effectiveness of lumbar interlaminar epidural injections in disc herniation. *Pain Physician*. 2014 Jan-Feb;17(1):E61-74.

Friedly JL, Comstock BA, Turner JA, et al. A randomized trial of epidural glucocorticoid injections for spinal stenosis. *N Engl J Med*. 2014 Jul 3;371(1):11-21.

McCormick Z, Cushman D, Casey E, et al. Factors associated with pain reduction after transforaminal epidural steroid injection for lumbosacral radicular pain. *Arch Phys Med Rehabil*. 2014; 95(12):2350-2356.

Miller T, Burns J, Gilligan J, et al. Patients with refractory back pain treated in the emergency department: is immediate interlaminar epidural steroid injection superior to hospital admission and standard medical pain management? *Pain Physician*. 2015; 18(2):E171-E176.

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 1/15

**Revised:** 9/15; 7/17 (revise drug requirement)

**Reviewed:** 11/16, 6/18