

02-61000-31

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Subject: Epidural Injections

Description	Program Exceptions	Other
Position Statement	Definitions	References
Billing/Coding	Related Guidelines	Guideline Updates
Reimbursement		

This medical coverage guideline is not an authorization, certification, explanation of benefits, or a guarantee of payment, nor does it substitute for or constitute medical advice. All medical decisions are solely the responsibility of the patient and physician. Benefits are determined by the group contract, member benefit booklet, and/or individual subscriber certificate in effect at the time services were rendered. This medical coverage guideline applies to all lines of business unless otherwise noted in the program exceptions section.

DESCRIPTION:

Therapeutic spinal epidural injections, or select nerve root blocks (transforaminal), are types of interventional pain management procedures. The therapeutic use of epidural injections is for short-term pain relief associated with acute back pain or exacerbation of chronic back pain. With therapeutic injections a corticosteroid is injected close to the target area with the goal of pain reduction. Epidural injections should be used in combination with other active conservative therapy* modalities and not as stand alone treatment for long-term back pain relief. There are different approaches used when administering spinal epidural injections, described below.

Interlaminar epidural injections, with steroids, access the epidural space between two vertebrae (interlaminar) to treat cervical, lumbar or thoracic radicular pain. These procedures should be performed using fluoroscopic guidance. Interlaminar epidural injections are the most common type of epidural injection.

Transforaminal epidural injections (also called selective nerve root blocks) access the epidural space via the intervertebral foramen where the spinal nerves exit (cervical, lumbar or thoracic region). It is used both diagnostically and therapeutically. These procedures are always aided with fluoroscopic guidance.

Caudal epidural injections, with steroids, are used to treat back and lower extremity pain, accessing the epidural space through the sacral hiatus, providing access to the lower nerve roots of the spine. These

procedures should be performed using fluoroscopic guidance. Failed back surgery syndrome is the most common reason for the caudal approach.

The rationale for the use of epidural injections is that the sources of spinal pain, e.g., discs and joints, are accessible and amendable to neural blockade.

POSITION STATEMENT:

Epidural injection or selective nerve block (caudal, interlaminar, and transforaminal) **meets the definition of medical necessity** for the following:

- **Pain causing functional disability or average pain levels of ≥ 6 on a scale of 0 – 10, AND**
- **Acute pain or exacerbation of chronic radicular pain with the following clinical timeframes:**
 - Neck or back pain with acute radicular pain:
 - After 2 weeks or more of acute radicular pain that has failed to respond or poorly responded to conservative management*, unless the medical reason this conservative treatment* cannot be done is clearly documented (active components not required), **OR**
- **Failed back surgery syndrome or epidural fibrosis causing radicular pain:**
 - Typically not performed immediately post-surgery, unless there is documentation of a medical reason that clearly indicates why an injection is needed, **AND**
 - Must engage in some form of other active conservative treatment* for a minimum of 6 weeks in the last 6 months, **or** documentation of engagement in other forms of active conservative non-operative treatment*, if the member had any prior spinal injections prior to epidural injections (unless the medical reason this conservative treatment* cannot be done is clearly documented), **OR**
- **Spinal stenosis (foraminal, central or disc disease) causing axial or radicular pain:**
 - Must engage in some form of other active conservative treatment* for a minimum of 6 weeks in the last 6 months, **or** provide documentation of engagement in other forms of active conservative non-operative treatment* if the member had any prior spinal injections prior to epidural injections (unless the medical reason this conservative treatment* cannot be done is clearly documented)

Frequency of repeat epidural injection guidelines

- Documentation that the prior injection had a positive response by significantly decreasing pain (at least 30% reduction in pain after initial injections or significant documented functional improvement), or a second injection may be performed at a different spinal level using a different epidural technique if there is documentation of a question about the pain generator, or there is evidence of multi-level pathology
- No more than 3 procedures in 12 weeks per region, with at least 14 days between injections in the therapeutic phase; at least 50% cumulative pain relief required for a minimum of 6 weeks after initial injections
- Continues to have documented functional disability or pain level ≥ 6 on a scale of 0 to 10
- Engaged in other forms of active conservative non-operative therapy* (unless pain prevents participation in conservative therapy*)

- In the first year of treatment, which may include an initial series of up to 3 injections in the initial therapeutic phase and additional injections in the maintenance phase, a total of 6 epidural injections, per region, may be performed (the total of 6 in the first year includes all injections: both diagnostic and therapeutic)
- Repeat injections after the initial therapeutic phase should be done at intervals of at least 2 months, provided that previous injections resulted in at least 50% pain relief or functional improvement for at least 2 months, and are limited to a maximum total of 4 therapeutic procedures per region per 12 months. If special circumstances are documented (e.g., elderly with severe spinal stenosis and not an operative candidate), then repeat injections are limited to a maximum of 6 procedures in 12 months
- If the neural blockade is performed in different regions, they may be administered at intervals of no sooner than 7 days for most types of procedures
- Injecting multiple regions or performing multiple procedures during the same visit **does not meet the definition of medical necessity**, unless documentation of an unusual situation is provided.
- No more than 2 levels of transforaminal blocks should be performed in one day

Epidural injection with ultrasound guidance (0228T-0231T) for any indication is considered **experimental or investigational**, as the available published clinical evidence does not support safety, effectiveness or clinical value.

Contraindications for epidural injections include:

- Bleeding diathesis and full anticoagulation (risk of epidural hematoma)
- Severe spinal stenosis resulting in intraspinal obstruction
- Local infection at injection site
- Predominantly psychogenic pain
- Sepsis
- Hypovolemia
- Uncontrolled diabetes
- Uncontrolled glaucoma
- High concentrations of local anesthetics in persons with multiple sclerosis
- For diagnosis or treatment of facet mediated pain
- Known or suspected allergic reaction to steroid medications
- Spinal infection

***Conservative non-operative therapy**

*Conservative non-operative therapy (spine) should include a multimodality approach consisting of a combination of active and inactive components. Inactive components, such as rest, ice, heat, modified

activities, medical devices, acupuncture or stimulators, medications, injections (including trigger point), and diathermy can be utilized. Active modalities consist of either physical therapy, a physician supervised home exercise program**, or chiropractic care.

****Home exercise program (HEP)**

The following 2 elements are required to meet criteria for HEP completion:

1. Documentation of an exercise prescription/plan
2. Documentation of member follow up regarding completion of HEP (after 4-6 week period), or inability to complete HEP due to a physical reason (e.g., increased pain, inability to physically perform exercises). NOTE: Closure of medical offices, closure of therapy offices, member inconvenience or noncompliance without explanation does not constitute an “inability to complete” a HEP.

BILLING/CODING INFORMATION:

CPT Coding

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
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
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
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
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level
64480	Injection(s), anesthetic agent(s) 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)
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level
64484	Injection(s), anesthetic agent(s) 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)

77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, subarachnoid) (List separately in addition to code for primary procedure)
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ICD-10 Diagnosis Codes That Support Medical Necessity

B02.23	Postherpetic polyneuropathy
B02.24	Postherpetic myelitis
B02.29	Other postherpetic nervous system involvement
G54.2	Cervical root disorders
G54.3	Thoracic root disorders
G54.4	Lumbosacral root disorders
G89.12	Acute post-thoracotomy pain
G89.18	Other acute postprocedural pain
M48.01 – M48.03	Spinal stenosis, occipito-atlanto-axial region; cervical region; cervicothoracic region
M48.04 – M48.08	Spinal stenosis, thoracic region; thoracolumbar region; lumbar region; lumbosacral region; sacral and sacrococcygeal region
M50.00 – M50.03	Cervical disc disorder with myelopathy; unspecified cervical region; mid-cervical region; high cervical region; cerviothoracic region
M50.120 – M50.123	Mid-cervical disc disorder, unspecified; cervical disc disorder with radiculopathy, at C4-C5, C5-C6, C6-C7 levels
M50.220 – M50.223	Other cervical disc displacement mid-cervical region, unspecified level; or at C4-C5, C5-C6, C6-C7 levels
M50.30 – M50.33	Other cervical disc degeneration, unspecified cervical region; mid-cervical region; high cervical region; or cervicothoracic region
M50.820 – M50.823	Other cervical disc disorders, at C4-C5, C5-C6, C6-C7 levels; or at mid-cervical region, unspecified level
M50.920 – M50.923	Unspecified cervical disc disorder, mid-cervical region, unspecified level; or at C4-C5, C5-C6, C6-C7 levels
M51.04 – M51.06	Intervertebral disc disorders with myelopathy, thoracic region; thoracolumbar region; lumbar region
M51.14 – M51.17	Intervertebral disc disorders with radiculopathy, thoracic region; thoracolumbar region; lumbar region; lumbosacral region
M51.34 – M51.37	Other intervertebral disc degeneration, thoracic region; thoracolumbar region; lumbar region; lumbosacral region
M54.11 – M54.18	Radiculopathy, occipito-atlanto-axial region, cervical region, cervicothoracic region; thoracic region; thoracolumbar region; lumbar region; lumbosacral region; sacral and sacrococcygeal region
M54.30 – M54.32	Sciatica, unspecified side; right side; left side
M54.40 – M54.42	Lumbago with sciatica, unspecified side; right side; left side
M96.1	Postlaminectomy syndrome
M99.22 – M99.25	Subluxation stenosis of neural canal of thoracic region; lumbar region; sacral region; pelvic region

M99.32 – M99.35	Osseous stenosis of neural canal of thoracic region; lumbar region; sacral region; pelvic region
M99.42 – M99.45	Connective tissue stenosis of neural canal of thoracic region; lumbar region; sacral region; pelvic region
M99.52 – M99.55	Intervertebral disc stenosis of neural canal of thoracic region; lumbar region; sacral region; pelvic region
M99.62 – M99.65	Osseous and sUBLuxation stenosis of intervertebral foramina of thoracic region; lumbar region; sacral region; pelvic region
M99.72 – M99.75	Connective tissue and disc stenosis of intervertebral foramina of thoracic region; lumbar region; sacral region; pelvic region
Z79.01	Long term (current) use of anticoagulants

REIMBURSEMENT INFORMATION:

Total number of epidural injection procedures:

- 62320 and 62321 in any combination are limited to eight (8) in twelve (12) months
- 62322 and 62323 in any combination are limited to eight (8) in twelve (12) months
- 64479 and 64480, in any combination, are limited to eight (8) in twelve (12) months
- 64483 and 64484, in any combination, are limited to eight (8) in twelve (12) months

LOINC Codes

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician Initial assessment	18736-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Radiology	18726-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

Physician operative report	28573-4	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan, plan of treatment	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy initial assessment	18735-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy progress note	11508-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Current, discharge, or administered medications	34483-8	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: Epidural (L33906) located at fcso.com.

DEFINITIONS:

Axial pain: also called mechanical pain, axial pain is confined to one spot or region. It may be described a number of ways, such as sharp or dull, comes and goes, constant, or throbbing.

Radicular pain: a type of pain that radiates into an extremity directly along the course of a spinal nerve root; caused by compression, inflammation and/or injury to a spinal nerve root arising from common conditions such as herniated disc and spinal stenosis.

RELATED GUIDELINES:

None applicable.

OTHER:

None applicable.

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 05/27/21.

GUIDELINE UPDATE INFORMATION:

02/15/04	Separate MCG created for Epidural Injections from Outpatient Pain Management MCG #02-61000-01.
09/15/05	Business decision to clarify coverage criteria.
02/15/06	Scheduled review and revision of guideline consisting of updated references.
08/15/07	Review and revision of guideline consisting of updated references and reformatted guideline. MCG name changed to Epidural Injections/Infusions.
11/15/07	Review and revision of guideline consisting of updated references and addition of diagnosis codes.
05/15/09	Scheduled review; update description section to include medical necessity management statement, update position statement with coverage criteria, add medical necessity statement for fluoroscopic guidance, update limitations in reimbursement section, updated ICD 9 codes that support medical necessity, delete CPT code 62318, and 62319, and update references.
09/15/09	Revision to position statement note regarding the use epidural steroid injections. Update the limits for the total number of transforaminal injections.
01/01/10	Annual HCPCS coding update: added CPT code 77003.
02/15/10	Revision with addition of reimbursement section by adding a note in reference to CPT codes 62318 & 62319, and addition of Medicare exception statement.
05/15/10	Review with revision to position statement related to epidurography; update of CPT coding to include 72275; and update reimbursement section to include epidurography.
10/01/10	4th Quarter HCPCS coding update: ICD-9 diagnosis code 724.02 revised; ICD-9 diagnosis code 724.03 added.
10/15/10	Revision; related ICD-10 codes added.
11/15/10	Revision; Certificate of Medical Necessity added; related ICD-10 codes added; guideline reformatted.

01/01/11	Annual HCPCS coding update. Revised code descriptors for codes 64479, 64480, 64483, 64484 and 77003.
04/15/11	Scheduled review; updated description section and position statement; revised ICD-9 and ICD-10 coding sections; revised reimbursement section; updated references; added formatting changes.
07/15/11	Revision; formatting changes.
01/01/12	Annual HCPCS coding update. Revised 62310, 62311 and 77003 descriptors.
04/01/12	Revision; updated ICD10 coding with new and revised codes.
09/15/12	Scheduled review. Revised description section, position statement, reimbursement section, definitions and Medicare Advantage program exception. Updated references and reformatted guideline.
10/15/13	Scheduled review. Revised position statement. Revised ICD9 / ICD10 coding sections and program exceptions section. Updated references.
09/15/14	Scheduled review. Position statement maintained. Updated references.
07/01/15	Scheduled review. Revised description, position statement and definitions. Updated references.
11/01/15	Revision: ICD-9 Codes deleted.
11/30/15	Update to Reimbursement Section.
12/17/15	Update to position statement (imaging guidance for all injections).
10/01/16	ICD-10 coding update: deleted codes M50.02 and M50.32; added codes M50.120 - M50.123; M50.220 - M50.223; M50.820 - M50.823; and M50.920 - M50.923.
01/01/17	Annual CPT/HCPCS update. Added 62320, 62321, 62322, 62323. Deleted 62310, 62311. Revised descriptor for 77003. Revised ICD10 coding section. Revised Reimbursement Information section.
04/15/17	Revision: updated criteria for epidural injection and criteria for frequency of injection. Revised Reimbursement Information section. Updated references.
07/15/18	Scheduled review. Revised criteria, frequency guidelines, and contraindications for epidural injections. Revised program exceptions section. Updated references.
07/15/19	Scheduled review. Revised frequency of injection. Added diagnostic transforaminal injection for surgical planning as an indication. Revised home exercise program requirements. Updated references.
09/01/19	Revision: clarified what constitutes an "active" modality.
07/15/20	Scheduled review. Revised position statement and updated references.
01/01/21	Annual CPT/HCPCS coding update. Revised 64479, 64480, 64483, 64484; deleted 0228T, 0229T, 0230T, 0231T.
06/15/21	Scheduled review. Revised description and frequency guidelines. Updated references.
01/01/22	Annual CPT/HCPCS coding update. Deleted 72275.
02/15/22	Revised ICD10 coding.
03/15/22	Revision: updated position statement.