

02-61000-31

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Reviewed: 02/27/25

Revised: 04/30/25

Subject: Epidural Injections

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.

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

DESCRIPTION:

Epidural steroid injections (ESIs) are a treatment for neck or back pain that has not responded to conservative measures. Local steroid injections may improve pain by reducing inflammation, thus relieving pressure on nerve roots or other structures that may be the origin of pain.

POSITION STATEMENT:

Diagnostic epidural injections performed for treatment of neck or back pain **meet the definition of medical necessity** when the following are met:

- Performed with fluoroscopic guidance, **AND**
- There are symptoms of radiculopathy, with demonstrated spinal nerve root compression on imaging, that is not responsive to at least 4 weeks of conservative non-surgical management*, **AND**
- Persistent pain of moderate-to-severe intensity, **AND**
- Treatment is performed at no more than 2 vertebral levels on a single date of service, **AND**
- At least 7 days between diagnostic injections

Therapeutic and maintenance epidural injections for treatment of persistent neck or back pain due to radiculopathy **meets the definition of medical necessity** when the following are met:

- Performed with fluoroscopic guidance, **AND**
- Previous epidural injections provided at least 50% pain relief or improvement in functional status, **AND**

- Treatment is performed at no more than 2 vertebral levels on a single date of service, **AND**
- At least 14 days between therapeutic injections, **AND**
- At least 2 months between maintenance injections, **AND**
- No more than 6 injections (includes diagnostic, therapeutic, and maintenance) per region are performed in a rolling 12 month period

* Conservative nonsurgical management must include the following:

- Use of prescription-strength analgesics at a dose sufficient to induce a therapeutic response, including anti-inflammatory medications with or without adjunctive medications such as nerve membrane stabilizers or muscle relaxants, or documentation in the medical record of inability to tolerate these medications, **AND**
- Participation in at least 4 weeks of physical therapy (including active exercise), or documentation in the medical record of inability to tolerate physical therapy/active exercise, **AND**
- Evaluation and appropriate management of associated cognitive and behavioral issues, if present

Epidural injection performed for evaluation of response prior to initiation of a preliminary trial of an implanted intrathecal drug-delivery system **meets the definition of medical necessity**.

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

BILLING/CODING INFORMATION:

CPT Coding

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| 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 |

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| | 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) |

ICD-10 Diagnosis Codes That Support Medical Necessity

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| 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 |

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| M51.14 – M54.17 | 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 |

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| | | | 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 Steroid Injections for Pain Management (L33906), located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#)

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.

Radiculopathy: 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.

REFERENCES:

1. AHRQ National Guideline Clearinghouse. Guideline Summary NGC-8744. Management of acute low back pain. Michigan Quality Improvement Consortium; Sept. 2011.
2. AHRQ National Guideline Clearinghouse. Guideline Summary NGC-8967. Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2011 Nov.
3. AHRQ National Guideline Clearinghouse. Guideline Summary NGC-9903. Clinical guidelines for diagnosis and treatment of lumbar disc herniation with radiculopathy. North American Spine Society; 2012.
4. AHRQ National Guideline Clearinghouse. Guideline Summary NGC-10140. Assessment and management of chronic pain. Institute for Clinical Systems Improvement (ICSI); 2013 Nov.
5. American Chronic Pain Association. ACPA Consumer Guide to Pain Medication & Treatment, 2009. EPIDURALS, NERVE & FACET BLOCKS & RADIOFREQUENCY ABLATION (RHIZOTOMY). (Accessed 04/03/09).
6. Arden NK, Price C, Reading I, Stubbing J, Hazelgrove J, Dunne C, Michel M, Rogers P, Cooper C; WEST Study Group. A multicenter randomized controlled trial of epidural corticosteroid injections for sciatica: the WEST study. Rheumatology (Oxford). 2005 Nov; 44(11): 1399-406.
7. Armon C, Argoff CE, Samuels J, Backonja MM; Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. Assessment: use of epidural steroid injections to treat radicular lumbosacral pain: report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. Neurology. 2007 Mar 6; 68(10): 723-9. Reaffirmed July 10, 2010.

8. Ballantyne JC, Carwood CM. Comparative efficacy of epidural, subarachnoid, and intracerebroventricular opioids in patients with pain due to cancer. *Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD005178. DOI: 10.1002/14651858.CD005178.
9. Benyamin RM, Singh V, Parr AT, Conn A, Diwan S, Abdi S. Systematic review of the effectiveness of cervical epidurals in the management of chronic neck pain. *Pain Physician*. 2009 Jan-Feb; 12(1): 137-57.
10. Blue Cross Blue Shield Association Evidence Positioning System®. 2.01.94 - Epidural Steroid Injections for Back Pain, 12/24.
11. Boswell MV, Shah RV, Everett CR, Sehgal N, Mckenzie-Brown AM, Abdi S, Bowman RC, Deer TR, Datta S, Colson JD, Spillane WF, Smith HS, Lucas LF, Burton AW, Chopra P, Staats PS, Wasserman RA, Manchikanti L. Interventional techniques in the management of chronic spinal pain: evidence-based practice guidelines. *Pain Phys* 2005;8(1): 1-47.
12. Boswell MV, Trescot AM, Datta S, Schultz DM, Hansen HC, Abdi S, Sehgal N, Shah RV, Singh V, Benyamin RM, Patel VB, Buenaventura RM, Colson JD, Cordner HJ, Epter RS, Jasper JF, Dunbar EE, Atluri SL, Bowman RC, Deer TR, Swicegood JR, Staats PS, Smith HS, Burton AW, Kloth DS, Giordano J, Manchikanti L; American Society of Interventional Pain Physicians. Interventional techniques: evidence-based practice guidelines in the management of chronic spinal pain. *Pain Physician*. 2007 Jan; 10(1): 7-111.
13. Buenaventura RM, Datta S, Abdi S, Smith HS. Systematic review of therapeutic lumbar transforaminal epidural steroid injections. *Pain Physician*. 2009 Jan-Feb; 12(1): 233-51.
14. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD): Epidural Steroid Injections for Pain Management (L33906) (10/01/15) (Revised 12/12/21).
15. Chou R, Qaseem, A, Snow V, Casey D, Cross, Jr JT, Shekelle P, Owens DK. Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society. *Ann Intern Med* October 2, 2007 vol. 147 no. 7 478-491.
16. Chou, R, Loeser, J, Owens, D, Rosenquist, R, Atlas, S, Baisden, J, Carragee, E, Grabojs, M, Murphy, D, Resnick, D, Stanos, S, Shaffer, W, Wall, E. Interventional Therapies, Surgery, and Interdisciplinary Rehabilitation for Low Back Pain: An Evidence-Based Clinical Practice Guideline From the American Pain Society. *Spine*: 1 May 2009 – Volume 34 – Issue 10 – pp 1066-1077.
17. ClinicalTrials.gov. Effectiveness of Caudal Epidural Injections in Treatment of Chronic Low Back Pain and Lower Extremity Pain. NCT 00370799. Last updated 02/22/10.
18. ClinicalTrials.gov. Evaluation of the Effectiveness of Transforaminal Epidural Injections in Lumbar Disc Herniation or Radiculitis. NCT 01052571. Last updated 10/12/10.
19. Conn A, Buenaventura RM, Datta S, Abdi S, Diwan S. Systematic review of caudal epidural injections in the management of chronic low back pain. *Pain Physician*. 2009 Jan-Feb; 12(1): 109-35.
20. Curatolo M, Rundell SD, Gold LS, et al. Long-term effectiveness of epidural steroid injections after new episodes of low back pain in older adults. *Eur J Pain*. 2022 Aug;26(7):1469-1480. doi: 10.1002/ejp.1975. Epub 2022 May 29.
21. Delaney FT, MacMahon PJ. An update on epidural steroid injections: is there still a role for particulate corticosteroids? *Skeletal Radiol*. 2022 Sep 29. doi: 10.1007/s00256-022-04186-3. Epub ahead of print. PMID: 36171350.
22. ECRI Health Technology Assessment Information Services. Custom Hotline Response. Epidural Steroid Injections for Spinal Stenosis. Updated 03/23/07.
23. ECRI Health Technology Assessment Information Services. Custom Hotline Response. Epidural Steroid Injections for Thoracic Pain. Updated 08/06/07.
24. Epstein NE. The risks of epidural and transforaminal steroid injections in the Spine: Commentary and a comprehensive review of the literature. *Surg Neurol Int*. 2013 Mar 22;4(Suppl 2):S74-93.

25. Florida Medicare Part B Local Coverage Determination. L29165, Epidural. (Retired 09/30/15).
26. Gharibo CG, Varlotta GP, Rhame EE, Liu ECJ, Bendo JA, Perloff MD. Interlaminar Versus Transforaminal Epidural Steroids for the Treatment of Subacute Lumbar Radicular Pain: A Randomized, Blinded, Prospective Outcome Study. *Pain Physician* 2011; 14:499-511.
27. Hayes, Inc. Hayes Medical Technology Directory™ – Epidural Steroid Injections for Low Back Pain and Sciatica. Lansdale, PA: Hayes, Inc; Oct 2005. Updated 11/11/06.
28. Hong JH, Lee SM, Bae JH. Analysis of Inadvertent Intradiscal Injections during Lumbar Transforaminal Epidural Injection. *Korean J Pain*. 2014 Apr;27(2):168-73.
29. Improving the Quality of Pain Management through Measurement and Action. Monograph developed by JCAHO as part of a collaborative project with NPC. March 2003.
30. Institute for Clinical Systems Improvement (ICSI). Health Care Guideline: Assessment and Management of Chronic Pain. Fourth Edition. November 2009.
31. Institute for Clinical Systems Improvement ICSI). Health Care Guidelines: Adult Low Back Pain. Released 12/2010. Updated January 2012.
32. Iversen T, Solberg TK, et al. Effect of caudal epidural steroid or saline injection in chronic lumbar radiculopathy: multicentre, blinded, randomised controlled trial. *BMJ* 2011;343:d5278.
33. Jeong HS, Lee GY, Lee EG, Joe EG, Lee JW, Kang HS. Long-term assessment of clinical outcomes of ultrasound-guided steroid injections in patients with piriformis syndrome. *Ultrasonography*. 2015 Jan 23.
34. Karamouzian S, Ebrahimi-Nejad A, Shahsavarani S, Keikhosravi E, Shahba M, Ebrahimi F. Comparison of two methods of epidural steroid injection in the treatment of recurrent lumbar disc herniation. *Asian Spine J*. 2014 Oct;8(5):646-52.
35. Kim H-J, et al. The Efficacy of Transforaminal Epidural Steroid Injection by the Conventional Technique in Far-Lateral Herniation of Lumbar Disc. *Pain Physician* 2012; 15:415-420.
36. Kim HJ, Rim BC, Lim JW, Park NK, Kang TW, Sohn MK, Beom J, Kang S. Efficacy of epidural neuroplasty versus transforaminal epidural steroid injection for the radiating pain caused by a herniated lumbar disc. *Ann Rehabil Med*. 2013 Dec;37(6):824-31.
37. Kraiattanapong C, et al. Outcomes of fluoroscopically guided lumbar transforaminal epidural steroid injections in degenerative lumbar spondylolisthesis patients. *Asian Spine J*. 2014 Apr;8(2):119-28.
38. Leem JG. Epidural steroid injection: a need for a new clinical practice guideline. *Korean J Pain*. 2014 Jul;27(3):197-9.
39. Li BZ, Tang WH, Li Y, Zhou L, Liu MG, Bao SX. Clinical Efficacy of Epidural Injections of Local Anesthetic Alone or Combined with Steroid for Neck Pain: A Systematic Review and Meta-Analysis. *Biomed Res Int*. 2022 May 26;2022:8952220. doi: 10.1155/2022/8952220.
40. Liu K, Liu P, Liu R, Wu X, Cai M. Steroid for epidural injection in spinal stenosis: a systematic review and meta-analysis. *Drug Des Devel Ther*. 2015 Jan 30;9:707-16.
41. Manchikanti L, et al. A Critical Review of the American Pain Society Clinical Practice Guidelines For Interventional Techniques: Part 2. Therapeutic Interventions. *Pain Physician* 2010; 13:E215-E264.
42. Manchikanti L, Buenaventura RM, et al. Effectiveness of Therapeutic Lumbar Transforaminal Epidural Steroid Injections in Managing Lumbar Spinal Pain. *Pain Physician* 2012; 15:E199-E245.
43. Manchikanti L, Abdi S, et al. An Update of Comprehensive Evidence-Based Guidelines for Interventional Techniques in Chronic Spinal Pain. Part II: Guidance and Recommendations. *Pain Physician* 2013; 16:S49-S283.
44. Manchikanti L, Boswell MV, Singh V, Benyamin RM, Fellows B, Abdi S, Buenaventura RM, Conn A, Datta S, Derby R, Falco FJE, Erhart S, Diwan S, Hayek SM, Helm II S, Parr AT, Schultz DM, Smith

HS, Wolfer LR, Hirsch JA. Comprehensive Evidence-Based Guidelines for Interventional Techniques in the Management of Chronic Spinal Pain. *Pain Physician* 2009; 12:699-802.

45. Manchikanti L, Cash KA, McManus CD, Damron KS, Pampati V, Falco FJE. Lumbar Interlaminar Epidural Injections in Central Spinal Stenosis: Preliminary Results of a Randomized, Double-Blind, Active Control Trial. *Pain Physician* 2012; 15:51-63.
46. Manchikanti L, Malla Y, Cash KA, McManus CD, Pampati V. Fluoroscopic Cervical Interlaminar Epidural Injections in Managing Chronic Pain of Cervical Postsurgery Syndrome: Preliminary Results of a Randomized, Double-Blind, Active Control Trial. *Pain Physician* 2012; 15:13-26.
47. Manchikanti L, Malla Y, Cash KA, McManus CD, Pampati V. Fluoroscopic Epidural Injections in Cervical Spinal Stenosis: Preliminary Results of a Randomized, Double-Blind, Active Control Trial. *Pain Physician* 2012; 15:E59-E70.
48. Manchikanti L, Cash KA, Pampati V, Wargo BW, Malla. Management of Chronic Pain of Cervical Disc Herniation and Radiculitis with Fluoroscopic Cervical Interlaminar Epidural Injections. *Int. J. Med. Sci.* 2012; 9.
49. Manchikanti L, Staats PS, Singh V, Schultz DM, Vilims BD, Jasper JF, Kloth DS, Trescot AM, Hansen HC, Falasca TD, Racz GB, Deer TR, Burton AW, Helm S, Lou L, Bakhit CE, Dunbar EE, Atluri SL, Calodney AK, et al. Evidence-based practice guidelines for interventional techniques in the management of chronic spinal pain. *Pain Phys* 2003; 6:3-81.
50. Manchikanti, L., Singh, V., Kloth, D. Interventional Pain Management Practice Policies: Epidural Injections. American Society of Interventional Pain Physicians.
51. Manchikanti L, Pampati V, Benyamin RM, Boswell MV. Analysis of Efficacy Differences between Caudal and Lumbar Interlaminar Epidural Injections in Chronic Lumbar Axial Discogenic Pain: Local Anesthetic Alone vs. Local Combined with Steroids. *Int J Med Sci.* 2015 Jan 20;12(3):214-22.
52. Manchikanti L, Singh V, Pampati V, Falco FJ, Hirsch JA. Comparison of the efficacy of caudal, interlaminar, and transforaminal epidural injections in managing lumbar disc herniation: is one method superior to the other? *Korean J Pain.* 2015 Jan;28(1):11-21.
53. Manson NA, McKeon MD, Abraham EP. Transforaminal epidural steroid injections prevent the need for surgery in patients with sciatica secondary to lumbar disc herniation: a retrospective case series. *Can J Surg.* 2013 Apr;56(2):89-96.
54. Milburn J, Freeman J, Steven A, Altmeyer W, Kay D. Interlaminar epidural steroid injection for degenerative lumbar spinal canal stenosis: does the intervertebral level of performance matter? *Ochsner J.* 2014 Spring;14(1):62-6.
55. Murakibhavi VG, Khemka AG. Caudal epidural steroid injection: a randomized controlled trial. *Evid Based Spine Care J.* 2011 Nov;2(4):19-26.
56. Nelemans PJ, de Bie RA, de Vet HCW, Sturmans F. Injection therapy for subacute and chronic benign low-back pain. *The Cochrane Database of Systematic Reviews* 1999, Issue 4. Art. No.: .CD001824. DOI: 10.1002/14651858.CD001824.
57. North American Spine Society. Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Cervical Radiculopathy from Degenerative Disorders. ©2010 North American Spine Society. Revised 2011. Accessed at <http://www.spine.org/>.
58. North American Spine Society. Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Degenerative Lumbar Spinal Stenosis. Copyright © January 2007 North American Spine Society. Revised 2011. Accessed at <http://www.spine.org/>.
59. North American Spine Society. Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Lumbar Disc Herniation with Radiculopathy. Copyright © January 2012 North American Spine Society. . Accessed at <http://www.spine.org/>.

60. North American Spine Society. Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Degenerative Lumbar Spondylolisthesis. Copyright © January 2008 North American Spine Society. Accessed at <http://www.spine.org/>.
61. North American Spine Society. Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Low Back Pain. 2020. Accessed at <http://www.spine.org/>.
62. Parr AT, Diwan S, Abdi S. Lumbar interlaminar epidural injections in managing chronic low back and lower extremity pain: a systematic review. *Pain Physician*. 2009 Jan-Feb; 12(1): 163-88.
63. Peloso P, Gross A, Haines T, Trinh K, Goldsmith CH, Burnie S, Cervical Overview Group. Medicinal and injection therapies for mechanical neck disorders. *Cochrane Database of Systematic Reviews* 2007, Issue 3. Art. No.: CD000319. DOI: 10.1002/14651858.CD000319.pub4.
64. Perez RS, et al. REEevseiadrcche anrticclee based guidelines for complex regional pain syndrome type 1. *BMC Neurology* 2010, 10:20.
65. Price C, Arden N, Coglan L, Rogers P. Cost-effectiveness and safety of epidural steroids in the management of sciatica. *Health Technology Assessment* Vol.9: No.33. 2005:88. The National Coordinating Centre for Health Technology Assessment (NCCHTA).
66. Rados I, Sakic K, Fingler M, Kapural L. Efficacy of Interlaminar vs Transforaminal Epidural Steroid Injection for the Treatment of Chronic Unilateral Radicular Pain: Prospective, Randomized Study. *Pain Medicine* 2011; 12: 1316–1321.
67. Rosenquist RW, Benzon HT, Connis RT, De Leon-Casasola OA, Glass DD, Korevaar WC, Cynwyd B, Mekhail NA, Merrill DG, Nickinovich DG, Rathmell JP, Nai-Mei Sang C, Simon DL, Deer TR. Practice Guidelines for Chronic Pain Management: An Updated Report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology*: April 2010 – Volume 112 – Issue 4 – pp 810-833.
68. Sadacharam K, Petersohn JD, Green MS. Inadvertent Subdural Injection during Cervical Transforaminal Epidural Steroid Injection. *Case Rep Anesthesiol*. 2013;2013:847085.
69. UpToDate. Interventional therapies for chronic pain. 2025. Accessed at uptodate.com.
70. UpToDate. Subacute and chronic low back pain: Nonsurgical interventional treatment. 2025. Accessed at uptodate.com.
71. U.S. Food and Drug Administration. Safety: Epidural Corticosteroid Injection: Drug Safety Communication - Risk of Rare But Serious Neurologic Problems. April 23, 2014. Accessed at <http://www.fda.gov/>.
72. Weiner, R. (2002). *Pain Management A Practical Guide for Clinicians* (6th ed). Boca Raton: CRC Press.
73. Yoon SH, O'Brien SL, Tran M. Ultrasound Guided Spine Injections: Advancement Over Fluoroscopic Guidance? *Curr Phys Med Rehabil Rep* (2013) 1:104–113.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 02/27/25.

GUIDELINE UPDATE INFORMATION:

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| 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. |

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| 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. |

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| 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. |
| 06/10/23 | Scheduled review. Revised description and position statement. Updated references. |
| 08/21/23 | Update to Program Exceptions section. |
| 04/30/25 | Scheduled review. Added additional indication related to preliminary trial of an implanted intrathecal drug-delivery system. Updated references. |