

02-61000-31

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Reviewed: 02/23/23

Revised: 08/21/23

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.

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 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

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)

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 Steroid Injections for Pain Management (L33906), located at [cms.gov](https://www.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.

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 02/23/23.

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.
06/10/23	Scheduled review. Revised description and position statement. Updated references.
08/21/23	Update to Program Exceptions section.