

Subject: Epidural Corticosteroid Injections

Medical Policy #: 5.9

Status: Reviewed

Original Effective Date: 05/17/2010

Last Review Date: 05/24/2023

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Epidural corticosteroid injections are utilized in the treatment of disc- related diseases arising from the spinal nerve roots. Epidural Injections (EIs) can be performed via an interlaminar or caudal approach or a transforaminal approached with or without image guidance and/or local anesthetic. Epidural injections are most effective in those cases where the radicular pain is prominent but neuralgic findings are minimal and conservative therapies (rest, physical therapy and use of anti-inflammatory agents/analgesics) have failed.

The effect of Epidural space injections on pain is not curative, but palliative and repeat injections may be beneficial in the management of patients who have a favorable response to an initial injection.

This policy does not apply to acute pain conditions, such as control of post-surgical pain or obstetrical use during labor and delivery.

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

For Commercial, Medicare and Medicaid.

PHP follows Novitas Epidural Steroid Injections for Pain Management, LCD ([L36920](#)), with the related policy article ([A56681](#)).

Other Related National Coverage Documents (not applicable to epidural injections):

- [NCD 280.14 Infusion Pumps](#) - For external and implantable pumps
- Local Coverage Determination (LCD): Implantable Infusion Pump ([L35112](#))/([A56778](#)).

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	The following CPT codes apply to <u>Epidural Steroid Injections for Pain Management:</u>
62321	Injection(s), of diagnostic or therapeutic substance(s), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance
62323	Injection(s), of diagnostic or therapeutic substance(s), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral; with imaging guidance
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging (fluoroscopy or CT) guidance; cervical or thoracic, single level
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

CPT Codes	The following CPT codes apply to <u>Epidural Steroid Injections for Pain Management:</u>
64484	injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level
*62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
*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
ICD-10 CODE	For coding guidance and covered diagnosis listing, (for the above listed CPT codes), see related LCA (A56681) for LCD (L36920)

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: Gray Clarke MD

Senior Medical Director: David Yu MD

Medical Directory: Ana Maria Rael MD

Date Approved: 05-24-2023

References

1. CMS, Wisconsin Epidural Steroid Injections for Pain Management, LCD (L39054), Original Effective Date 12/05/2021, Revision date:06/30/2022, R1, related LCA (A58777), Revision date 12/10/2022, R2. [Cited 04/18/2023]
2. CMS, Local Coverage Determination by Novitas for Epidural Steroid Injections for Pain Management (L36920), Revision history date 12/12/2021, R#13, related LCA (A56681) Effective date: 11/21/2019, Revision date: 12/12/2021 R7. [Cited 04/18/2023]
3. Hayes. Health technology assessment: Epidural steroid injections for cervical radiculopathy, updated February 28, 2019. Accessed 04/21/2023
4. Hayes. Health technology assessment: Epidural steroid injections for low back pain and sciatica, Published January 2015. Archived 2018. Accessed 04/21/2023
5. Hayes. Evolving Evidence Review: Epidural steroid injections for treatment of thoracic spine pain. Published June 30, 2020. Updated July 23, 2021. Accessed 04/21/2023.
6. MCG. Epidural corticosteroid injection, 25th ed. (ACG: A-0225 AC). Available from MCG. Updated 2021. Accessed 04/21/2023.

Publication History

- 01-29-14: Presbyterian policy retired
- 01-29-14: Presbyterian now using MCG Criteria A-0225
- 03-23-16: Annual Review. MCG A-0225 Last updated 01-28-16. No Change.
- 07-26-17: Annual Review. Accessed MCG A-0225. Last updated 2/2/17. No change
- 05-20-20: Annual review: Reviewed by PHP Medical Policy Committee on 05/07/20 and agreed to the following:
- Replace MCG A-0225 with LCD L36521 (Wisconsin) and L36920 (Novitas) due to MCG only focusing on injection(s) for back pain and CMS expands coverage for other conditions.
 - Policy titled changed to remove "Back Pain" from Epidural Corticosteroid Injection for Back Pain.
 - U/S guidance, (CPT 0228T, 0229T, 0230T and 0231T) are not covered.
 - Prior Auth is now required for CPT 62321
- 05-26-21: Annual review. Reviewed by PHP Medical Policy Committee on 05/07/2021. Continue to follow Lumbar Epidural Injections LCD L36521 (Wisconsin); and/or Epidural Injections for Pain Management L36920 (Novitas). No criteria changes to the LCDs, except for LCD L36920 will now allow (effective for dates of service on and after 07/01/2020), interlaminar and transforaminal epidural injections using ultrasound guidance. They have removed Limitation #1 during this update. Continue PA for 62321, 62322, 62323, 64483, 64484.
- 05-25-22: Annual review. Reviewed by PHP Medical Policy Committee on 04/27/2022. Wisconsin, Lumbar Epidural Injections, LCD (L36521) and LCA (A57555) has been retired and replaced by LCD (L39054)

and LCA (A58777) Epidural Steroid Injections for Pain Management. The changes in the update of Wisconsin LCD is similar to the updated changes by Novitas LCD (L36920) and LCA (A56681). LCD changes include: The title of both LCDs are the same "Epidural Steroid Injections for Pain Management." The utilization and frequency are the same. Both LCDs require imaging; the criteria are the same; and both LCDs removed codes 62320, 62322, 62325, 62326 and 62327 and only the anatomic spinal region for epidurals for cervical/thoracic (CPT codes 62321, 64479 and 64480) or lumbar/sacral (CPT codes 62323, 64483 and 64484) are covered in the update. Due to both LCDs (Wisconsin and Novitas) being similar, we will only follow Novitas LCD (L36920) and LCA (A56681). The coverage determination guideline language removed from policy and reformatted to only include CMS (LCD) and (LCA) weblinks. Codes 64479 and 64480 will now require prior auth for all LOB and 62321, 62323, 64483 and 64484 will continue to require prior authorization.

05-24-23 Annual review. Reviewed by PHP Medical Policy Committee on 04/19 and 04/21/2023. No change. Continue to follow Novitas LCD (L36920) and related LCA (A56681). Continue PA requirement for 62321, 62323, 64479, 64480, 64483, 64484. Added to policy codes *62282 and 62322 which require PA but not listed in the MPM or Novitas LCD (L36920); these codes will continue to follow LCD (L36920) criteria.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.