

**EFFECTIVE DATE:** 04|01|2018  
**POLICY LAST UPDATED:** 11|07|2020

## OVERVIEW

Epidural injections are generally performed to treat pain arising from spinal nerve roots. These procedures may be performed via three distinct techniques, each of which involves introducing a needle into the epidural space by a different route of entry. These are termed the interlaminar, caudal, and transforaminal approaches. The procedures involve the injection of a solution containing local anesthetic with or without corticosteroids.

Epidural steroid injections (ESIs) are a treatment for 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.

## MEDICAL CRITERIA

### BlueCHiP for Medicare

Epidural injections are considered medically necessary when the medical criteria below are met:

1. For the treatment of pain associated with
  - Herpes Zoster and/or
  - Suspected radicular pain, based on radiation of pain along the dermatome (sensory distribution) of a nerve and/or
  - Neurogenic claudication and/or
  - Back pain, NPRS  $\geq$  3/10 (moderate to severe pain) associated with significant impairment of activities of daily living (ADLs) and one of the following:
    - a. substantial imaging abnormalities such as a central disc herniation,
    - b. severe degenerative disc disease or central spinal stenosis.

OR

2. Failure of four weeks (counting from onset of pain) of non-surgical, non-injection care, which includes appropriate oral medication(s) and physical therapy to the extent tolerated
  - Exceptions to the 4 week wait may include:
    - a. pain from Herpes Zoster
    - b. at least moderate pain with significant functional loss at work or home.
    - c. severe pain unresponsive to outpatient medical management.
    - d. inability to tolerate non-surgical, non-injection care due to co-existing medical condition(s)
    - e. prior successful injections for same specific condition with relief of at least 3 months' duration.

## Commercial Products

### Non-specific Low Back Pain

There is limited evidence that epidural injections for the treatment of non-specific low back pain are effective. The following indications are considered when making coverage determinations:

- Back pain interferes with activities of daily living
- There are no neurologic deficits

- History and physical examination and imaging are non-diagnostic for etiology of pain **AND** Patient has attempted relief with all of the following:

- NSAIDs or acetaminophen  $\geq$  3 weeks
- Activity modifications  $\geq$  6 weeks
- Physical therapy  $\geq$  6 weeks **AND**

There is continued pain after treatment **AND** none of the following indications are present:

- Local infection at injection site
- Increased intracranial pressure
- Epidural metastases

### **Cervical or Lumbar Radiculopathy (unilateral symptoms)**

Epidural injections for cervical or lumbar radiculopathy are medically necessary when all of the following criteria are met:

On the Visual Analog Scale, pain is classified as either A or B:

A. Greater than or equal to 7 out of 10 **AND**

All of the following are present:

- Unilateral pain in nerve root distribution
- Pain unrelieved by change in body position
- Pain interferes with activities of daily living
- Nerve root compression by imaging or testing **AND**

None of the following indications are present:

- Local infection at injection site
- Increased intracranial pressure
- Epidural metastases

B. Greater than or equal to 3 and less than 7 out of 10 **AND**

All of the following are present:

- Unilateral pain in nerve root distribution
- Nerve root compression by imaging or testing **AND**

The pain can be classified by one of the following:

1. Worsening pain despite all of the following conservative treatment:

- NSAIDs or acetaminophen  $\geq$  1 week
- Activity modification  $\geq$  1 week
- Physical Therapy  $\geq$  1 week **OR**

2. Continued pain after all of the following conservative treatment:

- NSAIDs or acetaminophen  $\geq$  3 weeks
- Activity modification  $\geq$  6 weeks
- Physical Therapy  $\geq$  6 weeks **AND**

None of the following indications are present:

- Local infection at injection site
- Increased intracranial pressure
- Epidural metastases

### **PRIOR AUTHORIZATION**

#### **BlueCHiP for Medicare and Commercial Products**

Prior authorization is required for BlueCHiP for Medicare and recommended for Commercial products and is obtained via the online tool for participating providers. See Related Policies section.

## **POLICY STATEMENT**

### **BlueCHiP for Medicare and Commercial Products**

Epidural injections are considered medically necessary when the medical criteria in this policy has been met. It is recommended that a period of no less than 90 days occurs between injections or no more than 4 injections in a 12-month period.

An approved authorization request will be valid for 4 epidural injections in one 12-month period from the requested date of service. An additional authorization request will be required if a member is to exceed 4 epidural injections in the initially approved 12-month period.

## **COVERAGE**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for the applicable surgery services benefits/coverage.

## **BACKGROUND**

Back pain is an extremely common condition. Most episodes are self-limited and will resolve within 1 month, but a small percentage will persist and become chronic. Patients with chronic back pain may suffer from serious disability and may use a high volume of medical services. Despite high utilization, many patients with chronic back pain do not improve with available treatments, including surgical interventions. Therefore, there is a high unmet need to determine the efficacy of different treatments for chronic back pain and to determine which patient populations may benefit from specific interventions. In addition, in recent years there has been a proliferation of new technologies, combined with large increases in the number of patients treated and in the intensity of treatment. Therefore, there is a concern for overtreatment of patients who may not benefit from interventions for back pain.

Regardless of specific etiology, conservative management is the first-line treatment for most patients with back pain. Nonsteroidal anti-inflammatory drugs or other analgesics are used for symptom relief. These agents should be used for at least several weeks at a dose sufficient to induce a therapeutic response. Additionally, modification of activity in conjunction with some form of exercise therapy is frequently prescribed early in the course of symptoms and typically involves a physical therapist. For patients with persistent nonradicular back pain, current guidelines recommend interdisciplinary rehabilitation, which is defined as an integrated approach using physical rehabilitation in conjunction with a psychological or psychosocial intervention.

For patients who fail conservative therapy, there are a number of interventional therapies available, which range from minimally invasive procedures, such as injections, to major surgeries, such as spinal decompression with fusion. Injections can be given in different locations (eg, soft tissues, intraspinal, sacroiliac joints) and can use different therapeutic agents (eg, botulinum toxin, steroids, proteolytic enzymes). Other interventional techniques include radiofrequency ablation, prolotherapy, and chemonucleolysis. Most of these nonsurgical interventions do not have high-quality evidence demonstrating their efficacy. A number of surgical interventions are available, such as discectomy and spinal fusion, each of which can be performed by a variety of different techniques. The decision to undertake surgery is best made in the setting of shared decision making between the patient and surgeon, with thorough consideration given to the risks and benefits of surgery.

Epidural injection therapy is one of several second-line therapies available for patients who fail conservative treatment and is one of the most common modalities used in this group of patients. Epidural steroid injections are performed by inserting a needle into the space between the dura and ligamentum flavum and injecting a steroid preparation. There is considerable variability in the technical aspects of epidural injections. Several different approaches may be used for entering the epidural space (translaminar, transforaminal, caudal). In addition, epidural steroid injections may be administered with or without fluoroscopic guidance. For example, a national survey published in 2002 reported that 30% of academic institutions and 77% of private practices use fluoroscopy. Some authors have estimated that lack of correct needle position in the

epidural space may occur in 25% or more of injections administered. Variability of technique may also involve factors such as the depth of injection into the epidural space, volume of injectate, and the filling patterns of the injectate.

## **CODING**

### **BlueCHiP for Medicare and Commercial Products**

The following CPT Codes are medically necessary when medical criteria are met:

**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 (ie, fluoroscopy or CT)

**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

**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)

**62324** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

**62325** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)

**62326** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

**62327** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)

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

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

These CPT Codes would not be used for maternity delivery or as an anesthetic for surgical procedures.

## **RELATED POLICIES**

Prior Authorization via Web-Based Tool for Procedures

## **PUBLISHED**

Provider Update, January 2021

Provider Update, January 2020

Provider Update, May 2018

## **REFERENCES**

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