Medical Coverage Policy | Epidural Injections for Pain Management

EFFECTIVE DATE: 10|01|2026
POLICY LAST REVIEWED: 06|03|2026

OVERVIEW

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.

Note: This policy is applicable for Commercial Products only. For Medicare Advantage Plans, see the applicable policy in the related policy section.

MEDICAL CRITERIA

Commercial Products

Effective 10/1/2026, the medical criteria for the following test is available in the online authorization tool for participating providers. See the Related Policies section.

PRIOR AUTHORIZATION

Commercial Products

Prior authorization is recommended via the online authorization tool. Please refer to the Related Policies section below.

POLICY STATEMENT

Commercial Products

Epidural injections are considered medically necessary when the medical criteria in the online authorization tool is met.

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

Not applicable

CODING

Commercial Products

The following CPT code(s) are medically necessary when medical criteria in the online authorization tool is 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)

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

Note: The above CPT Codes would not be used for maternity delivery or as an anesthetic for surgical procedures.

RELATED POLICIES

Prior Authorization of Services, Treatments or Procedures
Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations

PUBLISHED

Provider Update, August 2026
Provider Update, May 2025
Provider Update, January 2024, August 2024
Provider Update, July 2023
Provider Update, July 2022

REFERENCES

Not applicable

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