Instructions for use

The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer’s particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer’s benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

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CMM-200.1 Definitions

**Transforaminal epidural steroid injection (ESI)** refers to injection of contrast (absent allergy to contrast), followed by the introduction of a corticosteroid and possibly a local anesthetic by inserting a needle into the neuroforamen under fluoroscopic guidance, ventral to the nerve root.

**Selective Nerve Root Block (SNRB)** refers to injection of contrast (absent allergy to contrast) followed by the introduction of a local anesthetic by inserting a needle into the neuroforamen under fluoroscopic guidance, ventral to the nerve root. SNRB’s are commonly referred to as Transforaminal ESI, although technically SNRB’s involve the introduction of anesthetic only and are used for diagnostic purposes.

**Interlaminar epidural steroid injection (ESI)** refers to injection of contrast (absent allergy to contrast), followed by the introduction of a corticosteroid and possibly a local anesthetic into the epidural space of the spine either through a paramedian or midline interlaminar approach under fluoroscopic guidance.

**Caudal epidural steroid injection (ESI)** refers to the injection of contrast (absent allergy to contrast), followed by the introduction of corticosteroids and possibly a local anesthetic into the epidural space of the spine by inserting a needle through the sacral hiatus under fluoroscopic guidance into the epidural space at the sacral canal.

**Radiculopathy**, for the purpose of this policy, is defined as the presence of severe, disabling pain, dysaesthesia(s) or paraesthesia(s) reported by the individual in a specified dermatomal distribution of an involved named spinal root(s) and ONE or MORE of the following:

- Loss of strength of specific named muscle(s) or myotomal distribution(s) demonstrated on detailed neurologic examination (within the prior 3 months) concordant with nerve root compression of the involved named spinal nerve root(s)
- Altered sensation to light touch, pressure, pin prick or temperature demonstrated on a detailed neurologic examination (within the prior 3 months) in the sensory distribution concordant with nerve root compression of the involved named spinal nerve root(s)
- Diminished, absent or asymmetric reflex(es) within the prior 3 months concordant with nerve root compression of the involved named spinal nerve root(s)
• Either of the following:
  o A concordant radiologist’s interpretation of an advanced diagnostic imaging study (MRI or CT) of the spine demonstrating compression of the involved named spinal nerve root(s) (Performed within the prior 12 months)
  o Electrodiagnostic studies (EMG/NCV’s) diagnostic of nerve root compression of the involved named spinal nerve root(s). (Performed within the prior 12 months).

**Spinal stenosis** refers to the narrowing of the spinal canal usually due to spinal degeneration that occurs with aging. It may also be the result of spinal disc herniation, osteoarthritis or a tumor. Lumbar spinal stenosis results in low back pain as well as pain or abnormal sensations in the legs, thighs, feet or buttocks, or loss of bladder and bowel control. Neurogenic claudication is often a clinical condition that results from spinal stenosis.

**CMM-200.2 General Guidelines**

An epidural steroid injection without the use of fluoroscopic guidance and the injection of a contrast is **considered not medically necessary**, with the exception of an emergent situation or when fluoroscopy or the injection of contrast is contraindicated.

An epidural steroid injection administered for axial spinal pain without documentation of radiculopathy, myelopathy or myeloradiculopathy is considered not medically necessary.

The use of an indwelling catheter to administer a continuous infusion/intermittent bolus should be limited to use in a hospital setting only. It is inappropriate to represent the use of a catheter for single episode injection(s) that is/are commonly performed in an outpatient setting as an indwelling catheter for continuous infusion/intermittent bolus.

Based on the fact that a caudal epidural steroid injection is not target specific, the injectate is diluted, and the injectate rarely reaches the level above L5-S1, a caudal epidural steroid injection for levels above L5-S1 without a supporting clinical rationale (why it is preferred over translaminar or transforaminal, e.g., status post fusion with anatomical limitations) for alternative approaches, **is considered not medically necessary**.

Repeat epidural steroid injections **are considered not medically necessary** when there has not been at least 50% pain relief, increase in the level of function (i.e., return to work), or reduction in the use of pain medication and/or additional medical services such
as physical therapy/chiropractic care for a minimum of two (2) to four (4) weeks.

No more than three (3) epidural steroid injections should be performed per episode of pain and no more than four (4) injections per region per year.

There is insufficient scientific evidence to support the scheduling of a “series-of-three” injection in either a diagnostic or therapeutic approach. The medical necessity of subsequent injections should be evaluated individually and be based on the response of the individual to the previous injection with regard to clinically relevant sustained reductions in pain, decreased need for medication and improvement in the individual’s functional abilities.

There is insufficient scientific evidence to support an epidural steroid injection with ultrasound guidance for any indication. It is considered experimental, investigational or unproven.

**CMM-200.3 Diagnostic Selective Nerve Root Block (SNRB)**

- A diagnostic selective nerve root block (SNRB) is considered **medically necessary** when attempting to establish the diagnosis of radiculopathy when the diagnosis remains uncertain after standard evaluation (neurologic examination, radiological studies and electrodiagnostic studies) in the following clinical situations:
  - When the physical signs and symptoms differ from that found on imaging studies
  - When there is clinical evidence of multi-level nerve root pathology
  - When the clinical presentation is suggestive, but not typical for both nerve root and peripheral nerve or joint disease involvement
  - When the clinical findings are consistent with radiculopathy in a dermatomal distribution, but the imaging studies do not corroborate the findings
  - When the individual has had previous spinal surgery.

- A second selective nerve root block is not recommended if there is inadequate response to the first block as determined by the injectate utilized. If the first injection is performed under fluoroscopy and contrast is used for guidance, a second block is not indicated unless there is evidence of multilevel pathology. In these cases a different level or approach should be proposed. There should be an
interval of at least one to two (1 to 2) weeks between injections.

✓ When performing transforaminal blocks (SNRB), no more than two (2) nerve root levels should be injected during the same session/procedure.

✓ The performance of diagnostic selective nerve root blocks is considered not medically necessary for all other indications.

CMM-200.4 Therapeutic Epidural Steroid Injections
(Transforaminal, Translaminar, or Caudal)

✓ An epidural steroid injection is considered medically necessary for presumed radiculopathy resulting from disease, injury or surgery that has not responded sufficiently to a reasonable course (four week minimum) of conservative treatment (exercise, physical methods including physical therapy and/or chiropractic care, NSAID’s and/or muscle relaxants).

✓ When performing transforaminal blocks (SNRB), no more than two (2) nerve root levels should be injected during the same session/procedure. When performing interlaminar blocks (translaminar), no more than one (1) interlaminar level should be injected during the same session/procedure.

✓ To avoid coming to an improper diagnosis or providing unnecessary treatment, the performance of epidural steroid injection in the same region as other spinal injections is considered not medically necessary on the same day of service.

✓ Based on the limited long- term benefit of performing an epidural steroid injection as an isolated intervention with regard to pain and improved function, all epidural steroid injections should be performed in conjunction with active rehabilitative care/therapeutic exercise. An epidural steroid injection performed in isolation without the individual participating in an active rehabilitation program/home exercise program/functional restoration program is considered not medically necessary.

✓ An epidural steroid injection is considered medically necessary as an initial trial in an individual with evidence of severe spinal stenosis who meets ALL of the following criteria:
  • diagnostic evaluation has ruled out other potential causes of pain
  • MRI or CT with or without myelography within the past six (6) months demonstrates severe spinal stenosis at the level to be treated
• Significant functional limitations resulting in diminished quality of life and impaired, age-appropriate activities of daily living

• Failure of at least four (4) weeks of conservative treatment (e.g., exercise, physical methods including physical therapy and/or chiropractic care, NSAID’s and/or muscle relaxants).

**CMM-200.5 Procedure (CPT®) Codes**

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code’s inclusion on this list does not necessarily indicate prior authorization is required.

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Code Description/Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>62310</td>
<td>Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic</td>
</tr>
<tr>
<td>62311</td>
<td>Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar, sacral (causal)</td>
</tr>
<tr>
<td>62318</td>
<td>Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic</td>
</tr>
<tr>
<td>62319</td>
<td>Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (causal)</td>
</tr>
<tr>
<td>64479</td>
<td>Injection(s), anesthetic agent and/or steroid, transformaminal epidural; with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level</td>
</tr>
<tr>
<td>+64480</td>
<td>Injection(s), anesthetic agent and/or transformaminal epidural with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>64483</td>
<td>Injection(s), anesthetic agent and/or steroid, transformaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level</td>
</tr>
<tr>
<td>+64484</td>
<td>Injection(s), anesthetic agent and/or steroid, transformaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

**Codes Considered Experimental, Investigational or Unproven**

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Code Description/Definition</th>
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<tbody>
<tr>
<td>0228T</td>
<td>Injection(s), anesthetic agent and/or steroid, transformaminal epidural, with ultrasound guidance, level</td>
</tr>
<tr>
<td>0229T</td>
<td>Injection(s), anesthetic agent and/or steroid, transformaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)</td>
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| CMM-200.6 References |


