Common symptoms and symptom complexes are addressed by this tool. Requests for patients with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or patient’s Primary Care Physician (PCP) may provide additional insight.

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## CMM-200~Epidural Steroid Injections (ESI)

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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.

For the purpose of this policy, **radiculopathy** is defined as the presence of severe, disabling pain, dysaethesia(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:
  - 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)
  - 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**

- The determination of medical necessity for the use of epidural steroid injections is always made on a case-by-case basis.

- Epidural steroid injections 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.

- Epidural steroid injections administered for axial spinal pain without documentation of radiculopathy, myelopathy or myeloradicularopathy 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 are commonly performed in an outpatient setting as an indwelling catheter for continuous infusion/intermittent bolus.

- Based on the fact that caudal epidural steroid injections are not target specific, the injectate is diluted, and the injectate rarely reaches the level above L5-S1, the use of caudal epidural steroid injections 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 **is considered not medically necessary** when there has not been at least 50% pain relief, documented increase in the individual’s level of function (i.e., return to work), or documented 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 no 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 no scientific evidence to support epidural steroid injections 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 in an individual with symptoms suggestive of radiculopathy when the diagnosis remains uncertain. When the diagnosis remains uncertain after standard evaluation (neurologic examination, radiological studies and electrodiagnostic studies) in the following clinical situations:
  
  o When the physical signs and symptoms differ from that found on imaging studies
  
  o When there is clinical evidence of multi-level nerve root pathology
  
  o When the clinical presentation is suggestive, but not typical for both nerve root and peripheral nerve or joint disease involvement
  
  o When the clinical findings are consistent with radiculopathy in a dermatomal distribution, but the imaging studies do not corroborate the findings
  
  o 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. That response should be 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.

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

✓ The use of epidural steroid injections is **considered medically necessary** for an individual who has evidence of a radiculopathy which has resulted from disease, injury or surgery and 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 injections 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 epidural steroid injections 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. Injections performed in isolation without the individual participating in an active rehabilitation program/home exercise program/functional restoration program is **considered not medically necessary**.

✓ The use of epidural steroid injections is **considered medically necessary as an initial trial** in a carefully selected group of individuals with evidence of severe spinal stenosis who fulfill ALL of the following criteria:

  o The individual has received an adequate diagnostic evaluation to rule out all other potential causes of pain
  o MRI or CT with or without myelography within the past 6 months demonstrates severe spinal stenosis at the level to be treated
  o Significant functional limitations resulting in diminished quality of life and impaired, age-appropriate activities of daily living
  o Failure of at least four 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 (caudal)</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 (caudal)</td>
</tr>
<tr>
<td>64479</td>
<td>Injection(s), anesthetic agent and/or steroid, transforaminal 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 transforaminal 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, transforaminal 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, transforaminal 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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</thead>
<tbody>
<tr>
<td>0228T</td>
<td>Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, level</td>
</tr>
<tr>
<td>0231T</td>
<td>Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary)</td>
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</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual’s policy or benefit entitlement structure as well as claims processing rules.
CMM-200.6 References


