

# Cigna Medical Coverage Policies – Musculoskeletal Epidural Steroid Injections

Effective March 15, 2020



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## 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: Epidural Steroid Injections (ESI)**

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- Additionally, when medical necessity criteria are met for an initial cervical/thoracic interlaminar (ILES) and/or a cervical/thoracic transforaminal epidural steroid injection (TFESI), advanced diagnostic imaging should be performed within 24 months prior to the initial injection.

### **CMM-200.3: Indications: Selective Nerve Root Block (SNRB)**

- A diagnostic selective nerve root block (SNRB), performed at a single nerve root, involving the introduction of anesthetic only, is considered **medically necessary** when attempting to establish the diagnosis of radicular pain (including radiculitis) or radiculopathy, when the diagnosis remains uncertain after standard evaluation (neurologic examination, radiological studies and electrodiagnostic studies) in **ANY** of 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 level-specific referral pattern of an involved named spinal root(s), but the imaging studies do not corroborate the findings (positive straight leg raise test)
  - ◆ When the individual has had previous spinal surgery
  - ◆ For purposes of surgical planning.
- A diagnostic selective nerve root block (SNRB) a level other than the initial level is considered **medically necessary** when **ALL** of the following criteria are met:
  - ◆ An inadequate response to the first injection
  - ◆ Evidence of multilevel pathology
  - ◆ It has been at least seven (7) days since the prior block

### **CMM-200.4: Indications: Epidural Steroid Injections (Transforaminal, Interlaminar, or Caudal)**

- An epidural steroid injection (ESI) is considered **medically necessary** for **ANY** of the following indications when the associated medical necessity criteria are met:
  - ◆ For treatment of a presumed radiculopathy when there has been failure of at least six (6) weeks of conservative treatment (e.g., exercise, physical methods including physical therapy and/or chiropractic care, nonsteroidal anti-inflammatory drugs [NSAID's] and/or muscle relaxants).
  - ◆ For treatment of presumed radiculitis or radicular pain when **ALL** of the following criteria are met:
    - Radicular pain, with or without motor weakness, which follows a level-specific referral pattern of an involved named spinal root(s)
    - A positive straight leg raise, crossed leg raise test, and/or Spurling's test
    - Failure of at least six (6) weeks of conservative treatment (e.g., exercise, physical methods including physical therapy and/or chiropractic care, NSAID's and/or muscle relaxants).
  - ◆ As an initial trial when there is evidence of symptomatic spinal stenosis and **ALL** of the following criteria are met:

- Diagnostic evaluation has ruled out other potential causes of pain
  - MRI or CT with or without myelography within the past 24 months demonstrates moderate to 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).
- A transforaminal epidural steroid injection (TFESI) in addition to an intra-articular facet joint injection with synovial cyst aspiration is considered **medically necessary** when **BOTH** of the following criteria are met:
- ◆ Advanced diagnostic imaging studies (e.g., MRI, CT, CT myelogram) confirm compression or displacement of the corresponding nerve root by a facet joint synovial cyst
  - ◆ Clinical correlation with the individual's signs and symptoms of radicular pain or radiculopathy, based on history and physical examination.
- A repeat epidural steroid injection (ESI) is considered **medically necessary** when at least **TWO** of the following criteria are met for two (2) or more week's duration:
- ◆ 50% or greater relief of radicular pain
  - ◆ Increase in the level of function/physical activity (e.g., return to work)
  - ◆ Reduction in the use of pain medication and/or additional medical services such as physical therapy/chiropractic care

### **CMM 200.5: Non-Indications: SNRB**

- A diagnostic selective nerve root block (SNRBs) is considered **not medically necessary** for any other indication (e.g., post-herpetic neuralgia).
- A diagnostic selective nerve root block (SNRB) is considered **experimental, investigational or unproven** when using injectates other than anesthetic, corticosteroid, and/or contrast agent (e.g., biologics [platelet rich plasma, stem cells, amniotic fluid]), administered alone or in combination.
- A therapeutic selective nerve root block (SNRB) (i.e., a second SNRB at the same level) is considered experimental, investigational or unproven for **ANY** indication.
- A diagnostic selective nerve root block (SNRB) at a level other than the initial level is considered **not medically necessary** for **ALL** of the following:
- ◆ An adequate response to the first block
  - ◆ An absence of multilevel pathology, when the first injection is performed under fluoroscopy/CT guidance using contrast
  - ◆ Repeating diagnostic selective nerve root blocks (SNRBs) more frequently than every seven (7) days

## **CMM 200.6: Non-Indications: ESI**

- Both of the following are considered experimental, investigational or unproven :
  - ◆ Epidural steroid injection performed with ultrasound guidance.
  - ◆ Epidural steroid injection for treatment of radicular pain or radiculopathy involving injectates other than anesthetic, corticosteroid, and/or contrast agent (e.g., biologics [platelet rich plasma, stem cells, amniotic fluid]).
- An epidural steroid injection is considered **not medically necessary** for **ALL** of the following indications:
  - ◆ When performed without imaging guidance (i.e., CT, fluoroscopy)
  - ◆ Transforaminal epidural steroid injection (TFESI) performed at more than two (2) nerve root levels during the same session/procedure
  - ◆ An interlaminar epidural steroid injection (ILESI), performed at more than a single level during the same session/procedure
  - ◆ Epidural steroid injection (ESI) administered in the same region as other spinal injections on the same day of service with the exception of an epidural steroid injection performed with an intra-articular facet joint injection with synovial cyst aspiration in accordance with criteria in CMM 200.4 above.
  - ◆ Performed in isolation (i.e., without the individual participating in an active rehabilitation program/home exercise program/functional restoration program)
  - ◆ Repeating epidural steroid injections more frequently than every fourteen (14) days
  - ◆ More than three (3) epidural steroid injections (ESIs) per episode of pain per region in six (6) months
  - ◆ More than four (4) epidural steroid injections (ESIs) per region, per twelve (12) months
  - ◆ For axial spinal pain (i.e., absence of radiculopathy, myelopathy, myeloradiculopathy)
  - ◆ A caudal epidural steroid injection for levels above L4-L5 without supporting clinical rationale for use of alternative approaches (e.g., translaminar, transforaminal)
  - ◆ Performed for post-herpetic neuralgia

**CMM-200.7: 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.

| CPT®   | Code Description/Definition   |
|--------|---|
| 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)   |
| 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)  |
| 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)       |
| 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   |
| +64480 | 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)  |
| 64483  | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level   |
| +64484 | 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)  |





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