

Cigna Medical Coverage Policies – Musculoskeletal Epidural Steroid Injections

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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)

Definitions

- **Transforaminal epidural steroid injection (TFESI)** is a therapeutic injection of contrast (absent allergy to contrast) performed at a single or multiple spinal levels followed by the introduction of a corticosteroid and possibly a local anesthetic by inserting a needle into the neuroforamen under fluoroscopic or computed tomography (CT) guidance.
- **Selective Nerve Root Block (SNRB)** is a diagnostic injection of contrast (absent allergy to contrast) of a single nerve root to assist with surgical planning followed by the introduction of a local anesthetic by inserting a needle into the neuroforamen under fluoroscopic or computed tomography (CT) guidance. SNRBs are erroneously referred to as a Transforaminal Epidural Steroid Injection (TFESI), although technically SNRBs involve the introduction of anesthetic only and are used for diagnostic purposes.
 - ◆ Selective nerve root blocks (SNRBs) performed for the purpose of treating pain (i.e., repeat SNRB at the same level) may be termed therapeutic selective nerve root blocks. There is insufficient evidence to support the clinical utility of therapeutic selective nerve root blocks (SNRBs).
- **Interlaminar epidural steroid injection (ILESI)** is an 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 (CESI)** is an 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 pain, dysaesthesia(s), or paraesthesia(s) reported by the individual in a level-specific referral pattern of an involved named spinal root(s), causing significant functional limitations resulting in diminished quality of life and impaired age-appropriate activities of daily living, and **EITHER** of the following:
 - ◆ Documentation of **ONE or MORE** of the following, concordant with nerve root compression of the involved named spinal root(s) demonstrated on a detailed neurologic examination within the prior three (3) months:
 - Loss of strength of specific named muscle(s) or myotomal distribution(s)
 - Altered sensation to light touch, pressure, pin prick or temperature
 - Diminished, absent or asymmetric reflex(es)
 - ◆ Documentation of **EITHER** of the following performed within the prior 24 months:
 - 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) or foraminal stenosis at the concordant level(s)

- Electrodiagnostic studies (EMG/NCV's) diagnostic of nerve root compression of the involved named spinal nerve root(s).
- **Radicular pain** is pain which radiates to the extremity along the course of a spinal nerve root, typically resulting from compression, inflammation, and/or injury to the nerve root.
- **Radiculitis** is defined, for the purpose of this policy, as radicular pain without objective neurological findings on physical examination.
- **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.

General Guidelines

This guideline does not apply to epidural injections administered for obstetrical or surgical epidural anesthesia or for perioperative pain management. This policy only applies to the injection of anesthetic, corticosteroid, and/or contrast agent as defined in this policy and not to other injectates, including but not limited to the following: Spinraza, chemotherapy, neurolytic substances, antispasmodics, antibiotics, antivirals, biologics (e.g., platelet rich plasma, stem cells, amniotic fluid, etc.), and any other injectates.

- The determination of medical necessity for the performance of a diagnostic selective nerve root block (SNRB) or a therapeutic epidural steroid injection (ESI) is always made on a case-by-case basis.
- An epidural steroid injection (ESI) should be performed with the use of fluoroscopic or CT guidance and the injection of a contrast, with the exception of an emergent situation or when fluoroscopic/CT guidance or the injection of contrast is contraindicated (e.g., pregnancy).
- 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.
- There is insufficient scientific evidence to support the scheduling of a “series-of-three” injections 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.
- Selective nerve root blocks (SNRBs) performed for the purpose of treating pain (i.e., repeat SNRB at the same level) may be termed therapeutic SNRBs. There is insufficient evidence to support the clinical utility of therapeutic SNRBs.

- When performing therapeutic transforaminal epidural steroid injections (TFESIs) no more than two (2) nerve root levels should be injected during the same session/procedure.
- When performing a diagnostic SNRB, only an injection at a single level/single side during the same procedure should be performed.
- When medical necessity criteria is met, a total of three (3) epidural steroid injections (ESIs) per episode of pain per region may be performed in six (6) months, not to exceed four (4) ESIs per region in twelve (12) months.

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 and either radiological studies and/or 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 SNRB at 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

Indications: Epidural Steroid Injections (Interlaminar, Caudal, or Transforaminal)

- An interlaminar or caudal 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 four (4) weeks of conservative treatment (e.g., exercise, physical therapy, chiropractic care, or medications to include nonsteroidal anti-inflammatory drugs [NSAIDs] or analgesics)
 - ◆ 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 four (4) weeks of conservative treatment (e.g., exercise, physical therapy, chiropractic care, or medications to include NSAIDs or analgesics) 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 therapy, chiropractic care, or medications to include NSAID's or analgesics)
- 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) within the past 24 months 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 interlaminar, caudal, or transforaminal epidural steroid injection (ESI) is considered **medically necessary** when there has been 50% or greater relief of radicular pain for two (2) or more weeks duration and **ONE** of the following criteria are met:
 - ◆ 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

Non-Indications: SNRB

- A diagnostic selective nerve root block (SNRB) is considered **not medically necessary** for any other indication (e.g., post-herpetic neuralgia).
- A diagnostic 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
 - ◆ Repeat diagnostic SNRB more frequently than every seven (7) days
- A diagnostic SNRB is considered **experimental, investigational or unproven (EIU)** 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 SNRB (i.e., a second SNRB at the same level) is considered **EIU** for **ANY** indication.

Non-Indications: ESI

- Both of the following are considered **experimental, investigational or unproven (EIU)**:
 - ◆ Epidural steroid injection (ESI) performed with ultrasound guidance
 - ◆ ESI 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 ESI 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) contiguous foraminal levels (unilateral or bilateral) during the same session/procedure
 - ◆ An interlaminar epidural steroid injection (ILESI), performed at more than a single level during the same session/procedure
 - ◆ ESI administered 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) sessions of ESIs (IESIs and/or TFESIs) per episode of pain per region in six (6) months
 - ◆ More than four (4) sessions of ESIs (IESIs and/or TFESIs) per region, per twelve (12) months
 - ◆ For axial spinal pain (i.e., absence of radiculopathy, myelopathy, myeloradiculopathy)
 - ◆ A caudal epidural steroid injection (CESI) for levels above L4-L5 without supporting clinical rationale for use of alternative approaches (e.g., translaminar, transforaminal)
 - ◆ Performed for post-herpetic neuralgia

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 steroid, 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)
CPT®	Codes Considered Experimental, Investigational, or Unproven
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.
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
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.
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.

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.

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