Cigna Medical Coverage Policies – Musculoskeletal
Epidural Steroid Injections

Effective August 1, 2024

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.

CMM-200: Epidural Steroid Injections (ESI)

Definitions

- **Caudal Epidural Steroid Injection (CESI):** an 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.
- **Interlaminar Epidural Steroid Injection (ILESI):** 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.
- **Radicular Pain:** pain that radiates along the course of a spinal nerve root, typically resulting from compression, inflammation, and/or injury to the nerve root.
- **Radiculitis:** radicular pain without objective neurological findings on physical examination.
- **Radiculopathy:** the presence of pain, dysesthesia(s), or paresthesia(s) reported by the individual in a level-specific referral pattern of an involved named spinal root(s), causing significant functional limitations, (i.e., 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 studies 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) diagnostic of nerve root compression of the involved named spinal nerve root(s).
- **Selective Nerve Root Block (SNRB):** a diagnostic injection of contrast (absent allergy to contrast) followed by the introduction of local anesthetic to anesthetize a single specific spinal nerve root. This procedure is performed by inserting a needle into the neuroforamen under fluoroscopic or computed tomography (CT) guidance. This procedure is often used to assist with surgical planning.
  - **Note**: SNRBs are erroneously referred to as transforaminal epidural steroid injection (TFESI), although technically SNRBs involve the introduction of anesthetic only and are used for diagnostic purposes.
  - **Note**: 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 bocks (SNRBs).

- **Session:** a time period, which includes all procedures (i.e., medial branch block (MBB), intra-articular (IA) facet joint injection, and radiofrequency ablation (RFA)) performed on a single date of service.
- **Spinal Stenosis:** 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.
  - **Neurogenic Claudication**: the clinical syndrome commonly associated with lumbar spinal stenosis. Symptoms of neurogenic claudication are described as leg pain, paraesthesia, heaviness, or cramping brought on when walking and relieved when leaning forward or sitting down.
- **Transforaminal Epidural Steroid Injection (TFESI):** 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.

General Guidelines

Application of Guideline

- This guideline only applies to selective nerve root blocks (SNRBs) and epidural steroid injections (ESIs) for the conditions listed within the **Indications** section.
  - **Note**: This guideline does not apply to epidural injections administered for obstetrical or surgical epidural anesthesia or for perioperative pain management.
- 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.
- 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.

Injectates

- This guideline only applies to injections of an anesthetic, corticosteroid, and/or contrast agent.
  - Please see the **Non-Indications** section for biologics (e.g., platelet rich plasma, stem cells, amniotic fluid)
  - **Note**: Spinraza, chemotherapy, neurolytic substances, antispasmodics, antibiotics, and antivirals are not in scope of management.

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Image Guidance

- An epidural steroid injection (transforaminal, interlaminar, or caudal) or a selective nerve root block should be performed with the use of fluoroscopic or CT guidance and the injection of a contrast, with the exception of an emergent situation when fluoroscopic/CT guidance **or** the injection of contrast is contraindicated (e.g., pregnancy).

Frequency & Number of Injections/Procedures

- When criteria in the **Indications** section is met, up to a total of three (3) sessions of epidural steroid injections (IESIs and/or TFESIs) per episode of pain, per region may be performed in six (6) months, not to exceed four (4) sessions of epidural steroid injections (IESIs and/or TFESIs) per region (cervical, thoracic, lumbar) is permitted in a rolling 12 months.
- 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.
  - When criteria in the **Indications** section is met, only one invasive modality or procedure will be performed on the same date of service.
    - **Criteria exception**: When criteria in the **Indications** section is met, an exception is allowed for a transforaminal epidural steroid injection (TFESI) that is performed with a synovial cyst aspiration on the same date of service.
- 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.

Levels

- When performing therapeutic transforaminal epidural steroid injections (TFESIs) no more than two (2) (unilateral or bilateral) levels TFESIs may be performed during the same session.
- When performing a diagnostic selective nerve root block (SNRB), only an injection at a single level/single side during the same session should be performed.
- When performing an interlaminar epidural steroid injection (ILESI) or caudal epidural steroid injection (CESI), only one spinal level is allowed during the same session.
  - **Note**: A CESI only involves symptomatic levels below L4-L5

Indications

Selective Nerve Root Block (SNRB) – Initial Level

- An initial level diagnostic selective nerve root block (SNRB) is considered **medically necessary** when **ALL** of the following criteria have been met:

- Performed at a single nerve root
- Performed with anesthetic injectate
- Performed 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 the purposes of surgical planning

Selective Nerve Root Block (SNRB) - Other Than the Initial Level

- A diagnostic SNRB at a spinal level other than the initial level is considered **medically necessary** when **ALL** of the following criteria have been met:
  - A response to the prior diagnostic SNRB of less than 80% relief based on the injectate utilized
  - Evidence of multilevel pathology
  - It has been at least seven (7) days since the prior diagnostic block

Initial Interlaminar, Caudal, or Transforaminal Epidural Steroid Injection (ESI)

An initial epidural steroid injection (ESI) (interlaminar, caudal, or transforaminal) is considered **medically necessary** for **ANY** of the following conditions when **ALL** of the associated criteria have been met:

Treatment of Presumed Radiculitis or Radicular Pain

- There has been a failure to respond to 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)
- The individual is participating in a comprehensive pain management program that includes **ALL** of the following: physical therapy, patient education, psychosocial support, and oral medications.
- Advanced diagnostic imaging within 24 months is required for cervical/thoracic interlaminar and transforaminal epidural steroid injections

Treatment of Presumed Radiculopathy

- There has been a failure to respond to at least four (4) weeks of conservative treatment (e.g., exercise, physical therapy, chiropractic care, or medications to include NSAIDs or analgesics)
- The individual is participating in a comprehensive pain management program that includes **ALL** of the following: physical therapy, patient education, psychosocial support, and oral medications
- Presence of pain, dysesthesia(s), or paresthesia(s) reported by the individual in a level-specific referral pattern of an involved named spinal root(s) causing significant functional limitations, (i.e., 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 in the sensory distribution
    - Diminished, absent, or asymmetric reflex(es)
  - Documentation of **EITHER** of the following studies 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)
    - Electrodiagnostic studies (EMG/NCVs) diagnostic of nerve root compression of the involved named spinal nerve root(s).
- Advanced diagnostic imaging within 24 months is required for cervical/thoracic interlaminar and transforaminal epidural steroid injections

Initial Trial Treatment for Evidence of Neurogenic Claudication

- There has been a failure to respond to at least four (4) weeks of conservative treatment (e.g., exercise, physical therapy, chiropractic care, or medications to include NSAIDs or analgesics)
- The individual is participating in a comprehensive pain management program that includes **ALL** of the following: physical therapy, patient education, psychosocial support, and oral medications
- 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 lumbar 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

Transforaminal Epidural Steroid Injection (TFESI) Performed with an Intra-Articular Facet Joint Injection with Synovial Cyst Aspiration

- The individual is participating in a comprehensive pain management program that includes **ALL** of the following: physical therapy, patient education, psychosocial support, and oral medications
- 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 (based on history and physical examination) with the individual's signs and symptoms of radicular pain or radiculopathy

Repeat Interlaminar, Caudal, or Transforaminal Epidural Steroid Injection (ESI)

- A repeat interlaminar, caudal, or transforaminal epidural steroid injection (ESI) is considered **medically necessary** when **ALL** of the following criteria have been met:
  - It has been at least 14 days since the prior epidural steroid injection (ESI)
  - There has been 50% or greater relief of radicular pain for two (2) or more weeks duration and **EITHER** of the following additional criteria has been 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
  - Advanced diagnostic imaging within 24 months is required for cervical/thoracic interlaminar and transforaminal epidural steroid injections.

Non-Indications

Not Medically Necessary

Selective Nerve Root Block (SNRB)

- A diagnostic selective nerve root block (SNRB) performed without meeting the criteria listed in the **Definitions**, the **General Guidelines**, and the **Indications** sections is considered **not medically necessary**.
- **ALL** of the following are considered **not medically necessary**:
  - A diagnostic selective nerve root block (SNRB) performed for any other indication (e.g., post-herpetic neuralgia)
  - A selective nerve root block (SNRB) performed with ultrasound guidance
  - A diagnostic selective nerve root block (SNRB) performed 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 repeat SNRB at the same level) being performed for **ANY** indication

Epidural Steroid Injection (ESI)

- An epidural steroid injection (ESI) (interlaminar, caudal, or transforaminal) performed without meeting the criteria listed in the **Definitions**, the **General Guidelines**, and the **Indications** sections is considered **not medically necessary.**
- **ALL** of the following are considered **not medically necessary**:
  - An epidural steroid injection (ESI) (interlaminar, caudal, or transforaminal) performed for **ANY** other condition including the following:
  - Post-herpetic neuralgia
  - Axial spinal pain (i.e., absence of radiculopathy, myelopathy, myeloradiculopathy)
  - An epidural steroid injection (ESI) (interlaminar, caudal, or transforaminal) performed with ultrasound guidance
  - An epidural steroid injection (ESI) (interlaminar, caudal, or transforaminal) performed 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

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Procedure (CPT®) Codes (CMM-200)

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) (e.g., 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 (i.e., fluoroscopy or CT)
62323	Injection(s), of diagnostic or therapeutic substance(s) (e.g., 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 (i.e., 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 (i.e., fluoroscopy or CT)
62327	Injection (s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., 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)
CPT®	**Codes Considered Experimental, Investigational, or Unproven**
62320	Injection(s), of diagnostic or therapeutic substance(s) (e.g., 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) (e.g., 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) (e.g., 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) (e.g., 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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