CIGNA MEDICAL COVERAGE POLICIES - MUSCULOSKELETAL

CMM-200: Epidural Steroid Injections

Effective Date: August 04, 2026

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.

These guidelines include procedures EviCore does not review for Cigna. Please refer to the **Cigna CPT code list** for the current list of high-tech imaging procedures that EviCore reviews for Cigna.

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Definitions

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Caudal Epidural Steroid Injection (Caudal ESI)	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.
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.
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	inflammation of a spinal nerve root, often leading to pain, numbness, tingling, or weakness along the nerve's pathway.

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Radiculopathy

the presence of pain, dysesthesia(s), or paresthesia(s) 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 ANY of the following:

- a detailed neurologic examination within the prior three (3) months demonstrates at least ONE of the following findings, concordant with nerve root compression of the involved, named spinal root(s):
  - loss of strength of specific named muscle(s) or myotomal distribution(s)
  - altered sensation to light touch, pressure, pinprick, or temperature in the sensory distribution
  - diminished, absent, or asymmetric reflex(es)
- a concordant radiologist's interpretation of advanced imaging (e.g., MRI, CT, CT myelogram) within the past 24 months confirming compression of the involved, named spinal nerve root(s) or foraminal stenosis at the concordant level(s)
- electrodiagnostic studies (EMG/NCV) within the past 24 months are 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., epidural steroid injection, selective nerve root block, facet joint injection, medial branch nerve block [MBB], and facet joint 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, epidural lipomatosis, or a tumor.
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.

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General Guidelines

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Application of Guideline

- The guideline criteria are only applicable to to selective nerve root blocks (SNRBs) and epidural steroid injections (ESIs) for the conditions listed within the **Indications** section.
  - **Note**: Some prior authorization requests may be redirected to the health plan that are considered considered **not in scope** of management for the indications in the guideline including, but not limited to, the following:
    - epidural injections administered for obstetrical or surgical epidural anesthesia
    - epidural injections administered for perioperative pain management
    - epidural injections/indwelling catheter placement for a trial for an implantable intrathecal or epidural drug pump if there is no delegation for prior authorization of the code(s) for implantable intrathecal or epidural drug pumps
- 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.

Injectates

- When criteria have been met, epidural steroid injections and selective nerve root blocks are considered **medically necessary** when performed with an anesthetic, corticosteroid, and/or contrast agent.
  - **Note**: Spinraza, chemotherapy, neurolytic substances, antispasmodics, antibiotics, and antivirals are considered **not in scope** of management.

Image Guidance

- When criteria have been met, epidural steroid injections and selective nerve root blocks are considered **medically necessary** when performed with CT- or fluoroscopic-guidance.
  - **Criteria exception**: An exception is allowed for an **emergent** situation when fluoroscopic-guidance, CT-guidance, or the injection of contrast is contraindicated (e.g., pregnancy).

Frequency & Number of Injections/Procedures

- When criteria have been met, up to three (3) sessions of epidural steroid injections (ILESIs and/or TFESIs) per episode of pain, per region (cervical, thoracic, lumbar)

during a six (6) month period and up to four (4) sessions during a rolling 12-month period are considered **medically necessary**.
- When criteria have been met, only one invasive modality or procedure performed on the same date of service is considered **medically necessary**.
  - **Criteria exception**: An exception is allowed for a transforaminal epidural steroid injection (TFESI) performed with a synovial cyst aspiration on the same date of service.

Levels
- When criteria have been met, a therapeutic transforaminal epidural steroid injection (TFESI) is considered **medically necessary** at no more than two (2) contiguous levels (whether unilateral or bilateral) during the same session.
- When criteria have been met, a diagnostic selective nerve root block (SNRB), is considered **medically necessary** at only one single level/single side during the same session.
- When criteria have been met, an interlaminar epidural steroid injection (ILESI) or caudal epidural steroid injection (Caudal ESI) is considered **medically necessary** at only one spinal level during the same session.
  - **Note**: Caudal ESI only involves symptomatic levels below L4-L5.

Health Equity Considerations

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Indications

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Selective Nerve Root Block (SNRB) – Initial Level

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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 scenarios:
  - when the physical signs and symptoms do not correlate with imaging findings
  - when there is clinical evidence of multi-level nerve root pathology
  - when the clinical presentation is suggestive of, 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 physical exam findings (positive straight leg raise test)
  - when the individual has had previous spinal surgery
  - when performed for the purposes of surgical planning

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

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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:

- The prior diagnostic SNRB resulted in less than 80% pain relief based on the injectate utilized
- Evidence of multilevel pathology
- It has been at least seven (7) days since the prior diagnostic SNRB

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

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An initial epidural steroid injection (ESI) (interlaminar, transforaminal, or caudal) 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

- 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)
- The individual is participating in an active rehabilitation program, home exercise program, or functional restoration program.
- Advanced imaging (e.g., MRI, CT, CT myelogram) within the past 24 months is required for **cervical/thoracic** interlaminar and transforaminal epidural steroid injections.

Treatment of Presumed Radiculopathy

- 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)
- The individual is participating in an active rehabilitation program, home exercise program, or functional restoration program.
- Symptoms include the presence of pain, dysesthesia(s), or paresthesia(s) 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 ANY of the following:
  - a detailed neurologic examination within the prior three (3) months demonstrates at least ONE of the following findings, concordant with nerve root compression of the involved, named spinal root(s):
    - loss of strength of specific named muscle(s) or myotomal distribution(s)
    - altered sensation to light touch, pressure, pinprick, or temperature in the sensory distribution
    - diminished, absent, or asymmetric reflex(es)
  - a concordant radiologist's interpretation of advanced imaging (e.g., MRI, CT, CT myelogram) within the past 24 months confirming compression of the involved, named spinal nerve root(s) or foraminal stenosis at the concordant level(s)

  - electrodiagnostic studies (EMG/NCV) within the past 24 months are diagnostic of nerve root compression of the involved named spinal nerve root(s)
- Advanced imaging (e.g., MRI, CT, CT myelogram) within the past 24 months is required for **cervical/thoracic** interlaminar and transforaminal epidural steroid injections.

Initial Trial Treatment for Evidence of Neurogenic Claudication

- 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)
- The individual is participating in an active rehabilitation program, home exercise program, or functional restoration program.
- Diagnostic evaluation has ruled out other potential causes of pain.
- Advanced imaging (e.g., MRI, CT, CT myelogram) within the past 24 months confirms moderate to severe lumbar spinal stenosis at the level to be treated.
- Symptoms include 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 an active rehabilitation program, home exercise program, or functional restoration program.
- Advanced imaging (e.g., MRI, CT, CT myelogram) within the past 24 months confirms 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, Transforaminal, or Caudal, or Epidural Steroid Injection (ESI)

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A repeat epidural steroid injection (ESI) (interlaminar, transforaminal, or caudal) 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 documented pain relief of at least 50% for at least two (2) weeks and EITHER of the following additional criteria has been met:
  - increase in the level of function)
  - reduction in the use of pain medication and/or additional medical services such as physical therapy/chiropractic care
- The individual is participating in an active rehabilitation program, home exercise program, or functional restoration program.
- Advanced imaging (e.g., MRI, CT, CT myelogram) within the past 24 months is required for **cervical/thoracic** interlaminar and transforaminal epidural steroid injections.

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Non-Indications

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Not Medically Necessary

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Selective Nerve Root Block (SNRB)

- A diagnostic selective nerve root block (SNRB) performed without meeting the criteria in the **Definitions**, the **General Guidelines**, and the **Indications** sections is considered **not medically necessary**.
- A diagnostic selective nerve root block (SNRB) performed for ANY other indication (e.g., post-herpetic neuralgia) is considered **not medically necessary**.
- A selective nerve root block (SNRB) performed with ultrasound-guidance is considered **not medically necessary**.
- A diagnostic selective nerve root block (SNRB) performed using injectates other than anesthetic, corticosteroid, and/or contrast agent, administered alone or in combination, is considered **not medically necessary**.
- A therapeutic selective nerve root block (SNRB) (i.e., a repeat SNRB at the same level) performed for ANY indication is considered **not medically necessary**.
- A diagnostic selective nerve root block SNRB scheduled as part of a "series-of-three" is considered **not medically necessary** due to insufficient scientific evidence to support the scheduling of a "series-of-three" injections without evaluation of response to the prior injection.

Epidural Steroid Injection (ESI)

- An epidural steroid injection (ESI) (interlaminar, transforaminal, or caudal) performed without meeting the criteria in the **Definitions**, the **General Guidelines**, and the **Indications** sections is considered **not medically necessary**.
- An epidural steroid injection (ESI) (interlaminar, transforaminal, or caudal) performed with ultrasound-guidance is considered **not medically necessary**.
- An epidural steroid injection (ESI) (interlaminar, transforaminal, or caudal) performed using injectates other than anesthetic, corticosteroid, and/or contrast agent, administered alone or in combination, is considered **not medically necessary**.
- An epidural steroid injection (ESI) (interlaminar, transforaminal, or caudal) scheduled as part of a "series-of-three" is considered **not medically necessary** due to insufficient scientific evidence to support the scheduling of a "series-of-three" injections without evaluation of response to the prior injection.

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The inclusion of any code in this table does not imply that the code is under management or requires prior authorization. Refer to the applicable health plan for management details. Prior authorization of a code listed in this table is not a guarantee of payment. The Certificate of Coverage or Evidence of Coverage policy outlines the terms and conditions of the member's health insurance policy.

Code	Code Description/Definition
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
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)
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
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)
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

Code	Code Description/Definition
62325	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; with imaging guidance (i.e., fluoroscopy or CT)
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
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 (i.e., 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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