National Imaging Associates, Inc.

Clinical guidelines
LUMBAR EPIDURAL INJECTIONS
(Lumbar/Sacral Interlaminar Epidural)
(Lumbar/Sacral Transforaminal Epidural)

Original Date: October 2015

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FOR CMS (MEDICARE) MEMBERS ONLY

CPT4 Codes: Please refer to pages 4 - 5

Last Effective Date:

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J – K = CT, MA, NY, ME, NH, RI, VT
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Responsible Department: Clinical Operations

Implementation Date: October 2015

“FOR CMS (MEDICARE) MEMBERS ONLY”

Coverage Indications, Limitations, and/or Medical Necessity

For purposes of this policy, a “session” is defined as all epidural or spinal procedures performed on a single calendar day.

Lumbar epidural injections are generally performed to treat pain arising from spinal nerve roots. These procedures may be performed via three distinct techniques, each of which involves introducing a needle into the epidural space by a different route of entry. These are termed the interlaminar, caudal, and transforaminal approaches. The procedures involve the injection of a solution containing local anesthetic with or without corticosteroids.

Indications:
1. Pain associated with:
   Herpes Zoster and/or
   Suspected radicular pain, based on radiation of pain along the dermatome (sensory distribution) of a nerve and/or

   Neurogenic claudication and/or
   Low back pain, NPRS ≥ 3/10 (moderate to severe pain) associated with significant impairment of activities of daily living (ADLs) and one of the following:

   a. substantial imaging abnormalities such as a central disc herniation,
   b. severe degenerative disc disease or central spinal stenosis.

2. Failure of four weeks (counting from onset of pain) of non-surgical, non-injection care, which includes appropriate oral medication(s) and physical therapy to the extent tolerated...
   a. Exceptions to the 4 week wait may include:
      i. pain from Herpes Zoster
      ii. at least moderate pain with significant functional loss at work or home.
iii. severe pain unresponsive to outpatient medical management.
iv. inability to tolerate non-surgical, non-injection care due to co-existing medical condition(s)
v. prior successful injections for same specific condition with relief of at least 3 months’ duration.

**Procedure Requirements**
1. An appropriately comprehensive evaluation of all potential contributing pain generators and treatment in accordance with an established and documented treatment plan.
2. Plain films to rule out red flag conditions may be appropriate if potential issues of trauma, osteomyelitis or malignancy are a concern.
3. Real-time imaging guidance, fluoroscopy or computed tomography, with the use of injectable radio-opaque contrast material is required for all steroid injections and all transforaminal injections. Its use is urged but not required for other epidural injections.
4. Contrast medium should be injected during epidural injection procedures unless patient has contraindication to the contrast. The reasons for not using contrast must be documented in the procedure report.
5. Films that adequately document final needle position and injectate flow must be retained and made available upon request.
6. For each session, no more than 80mg of triamcinolone, 80 mg of methylprednisolone, 12 mg of betamethasone, 15 mg of dexamethasone or equivalent corticosteroid dosing may be used.
7. When a diagnostic spinal nerve block is performed, post-block assessment of percentage pain relief must be documented.
8. Levels per session:
   a. No more than two transforaminal injections may be performed at a single setting (e.g. single level bilaterally or two levels unilaterally).
   b. One caudal or lumbar interlaminar injection per session and not in conjunction with a lumbar transforaminal injection.
9. Local anesthesia or minimal conscious sedation may be appropriate. Use of moderate sedation and Monitored Anesthesia Care (MAC) is usually unnecessary. Documentation must clearly establish the need for such sedation in the specific patient.

**Provider Qualifications:**

The CMS Manual System, Pub. 100-8, *Program Integrity Manual*, Chapter 13, Section 5.1 (http://www.cms.hhs.gov/manuals/downloads/pim83c13.pdf) states that "reasonable and necessary" services are "ordered and/or furnished by qualified personnel." Services will be considered medically reasonable and necessary only if performed by appropriately trained providers.

Patient safety and quality of care mandate that healthcare professionals who perform Epidural Steroid Injections are appropriately trained and/or credentialed by a formal residency/fellowship program and/or are certified by either an accredited and nationally recognized organization or by a post-graduate training course accredited by an established...
national accrediting body or accredited professional training program. A practitioner who works in a hospital or ASC facility at any time should be credentialed by the facility for any procedure also performed in an office setting. (At a minimum, training must cover and develop an understanding of anatomy and drug pharmacodynamics and kinetics as well as proficiency in diagnosis and management of disease, the technical performance of the procedure and utilization of the required associated imaging modalities).

**Limitations:**
1. For a patient with low back pain only, a simple disc bulge or annular tear/fissure is insufficient to justify performance of an epidural.
2. Patient must not have major risk factors for spinal cancer (e.g., LBP with fever) or, if cancer is present, but the pain is clearly unrelated, an epidural may be indicated if one of the "Indications" previously listed is present.
3. A co-existing medical or other condition that precludes the safe performance of the procedure precludes coverage of the procedure, e.g., new onset of LBP with fever, risk factors for, or signs of, cauda equina syndrome, rapidly progressing (or other) neurological deficits.
4. Numbness and/or weakness without paresthesia/dysesthesia or pain precludes coverage.
5. There is no role for “series of three” epidurals. Response to each epidural should be determined prior to determining the value of a repeat epidural and the specific methods used for subsequent epidurals.

**Bill Type Codes:**
Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

011x Hospital Inpatient (Including Medicare Part A)
012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
018x Hospital - Swing Beds
021x Skilled Nursing - Inpatient (Including Medicare Part A)
022x Skilled Nursing - Inpatient (Medicare Part B only)
023x Skilled Nursing - Outpatient
028x Skilled Nursing - Swing Beds
071x Clinic - Rural Health
073x Clinic - Freestanding

**Revenue Codes:**
Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory;
unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.
N/A

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<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 OR SACRAL (CAUDAL) 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) INJECTION(S), ANESTHETIC AGENT AND/OR STEROID,</td>
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<tr>
<td>64483</td>
<td>TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT): LUMBAR OR SACRAL, SINGLE LEVEL</td>
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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)

Please refer to the CMS website for ICD-10 Codes that Support Medical Necessity

Documentation Requirements:

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Utilization Guidelines:
- No more than 3 epidurals may be performed in a 6-month period of time.
- No more than 6 epidural injection sessions (therapeutic epidurals and/or diagnostic transforaminal injections) may be performed in a 12-month period of time regardless of the number of levels involved.
- If a prior epidural provided no relief, a second epidural is allowed following reassessment of the patient and injection technique.