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## Centers for Medicare & Medicaid Services

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### Local Coverage Determination (LCD): Lumbar Epidural Injections (L34980)

#### – Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington

Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

## – LCD Information

### Document Information

**LCD ID**

L34980

**Original ICD-9 LCD ID**L33836**LCD Title**

Lumbar Epidural Injections

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**Original Effective Date**For services performed on or after  
10/01/2015**Revision Effective Date**For services performed on or after  
01/01/2017**Revision Ending Date**

N/A

**Retirement Date**

N/A

**Notice Period Start Date**

N/A

**Notice Period End Date**

N/A

to Company.

## CMS National Coverage Policy

When the documentation does not meet the criteria for the service rendered, or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.

## Coverage Guidance

### Coverage Indications, Limitations, and/or Medical Necessity

#### Introduction:

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  $\geq$  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...

• Exceptions to the 4 week wait may include:

- a. pain from Herpes Zoster
- b. at least moderate pain with significant functional loss at work or home.

- c. severe pain unresponsive to outpatient medical management.
- d. inability to tolerate non-surgical, non-injection care due to co-existing medical condition(s)
- e. 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 injection. 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. Frequency:
  - a. No more than 3 epidurals may be performed in a 6-month period of time.
  - b. 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.
  - c. If a prior epidural provided no relief, a second epidural is allowed following reassessment of the patient and injection technique.
10. 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. If the practitioner works in a hospital facility at any time and/or is credentialed by a hospital for any procedure, the practitioner must be credentialed to perform the same procedure in the outpatient 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 paresthesiae/dysesthesiae 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.

## – Coding Information

### 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.

N/A

**CPT/HCPCS Codes****Group 1 Paragraph:**

N/A

**Group 1 Codes:**

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
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)



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
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)
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)

### ICD-10 Codes that Support Medical Necessity

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

ICD-10 CODES	DESCRIPTION
B02.23	Postherpetic polyneuropathy
B02.7	Disseminated zoster

B02.8	Zoster with other complications
B02.9	Zoster without complications
G89.18	Other acute postprocedural pain
G97.1	Other reaction to spinal and lumbar puncture
M48.06	Spinal stenosis, lumbar region
M48.07	Spinal stenosis, lumbosacral region
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.18	Radiculopathy, sacral and sacrococcygeal region
M54.31	Sciatica, right side
M54.32	Sciatica, left side

M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.5	Low back pain
M99.23	Subluxation stenosis of neural canal of lumbar region
M99.33	Osseous stenosis of neural canal of lumbar region
M99.43	Connective tissue stenosis of neural canal of lumbar region
M99.53	Intervertebral disc stenosis of neural canal of lumbar region
M99.63	Osseous and subluxation stenosis of intervertebral foramina of lumbar region
M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region

### ICD-10 Codes that DO NOT Support Medical Necessity

#### Group 1 Paragraph:

Excluded diagnosis codes include, but not limited to, the following:

1. Cauda equina syndrome
2. Epidural abscess

#### Group 1 Codes:

ICD-10 CODES	DESCRIPTION
G06.1	Intraspinal abscess and granuloma
G83.4	Cauda equina syndrome

## ICD-10 Additional Information

### – General Information

#### Associated Information

The medical record must be made available to Medicare upon request.

When the documentation does not meet the criteria for the service rendered, or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.

#### Sources of Information and Basis for Decision

#### References

#### Interlaminar and Caudal ESIs

Benyamin RM, Manchikanti L, Parr AT, Diwan SA, Singh V, Falco FJE, Datta S, Abdi S, Hirsch JA. The effectiveness of lumbar interlaminar epidural injections in managing chronic low back and lower extremity pain. *Pain Physician*. 2012; 15:E363-404.

#### Surgery Sparing Effect of ESIs

Riew K, Park J, Cho Y, et al. Nerve root blocks in the treatment of lumbar radicular pain. A minimum five-year follow-up. *J Bone Joint Surg Am*. 2006;88:1722-5.

Riew K, Yin Y, Gilula L, et al. The effect of nerve-root injections on the need for operative treatment of lumbar radicular pain. A prospective, randomized, controlled, double-blind study. *J Bone Joint Surg Am*. 2000;11:1589-93.

#### Therapeutic Transforaminal Injections

Ghahreman A, Bogduk N. Predictors of a favorable response to transforaminal injection of steroids in patients with lumbar radicular pain due to disc herniation. *Pain Med*. 2011;12:871–9.

Ghahreman A, Ferch R, Bogduk N. The efficacy of transforaminal injection of steroids for the treatment of lumbar radicular pain. *Pain Med*. 2010;11:1149–68.

## Review papers

MacVicar J, King W, Landers MH, Bogduk N. The Effectiveness of Lumbar Transforaminal Injection of Steroids: A Comprehensive Review with Systematic Analysis of the Published Data Pain Medicine. 2013 Jan; 14(1): 14–28.

Datta S, Manchikanti L, Falco FJE, Calodney AK, Atluri S, Benyamin RM, Buenaventura R, Cohen SP. Diagnostic Utility of Selective Nerve Root Blocks in the Diagnosis of Lumbosacral Radicular Pain: Systematic Review and Update of Current Evidence. Pain Physician 2013; 16:SE97-SE124.

Cohen SP, Bicket MC, Jamison D, Wilkinson I, Rathmell JP. Epidural Steroids A Comprehensive, Evidence-Based Review. Reg Anesth Pain Med. 2013;38:175-200.

## – Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/01/2017	R3	2017 CPT updates deleted 62311, 62319 effective 12/31/2016	<ul style="list-style-type: none"> <li>Revisions Due To CPT/HCPCS Code Changes</li> </ul>
01/01/2017	R2	2017 CPT update to add 62322;62323; 62326; 62327	<ul style="list-style-type: none"> <li>Revisions Due To CPT/HCPCS Code Changes</li> </ul>
11/10/2016	R1	This final LCD, effective 10/01/2015, combines JFA L34983 into the JEB L34980 LCD so that both JEA and JEB contractor numbers will have the same final MCD LCD number L34980.	<ul style="list-style-type: none"> <li>Creation of Uniform LCDs Within a MAC Jurisdiction</li> </ul>

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## – Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

N/A

### Related National Coverage Documents

N/A

### Public Version(s)

Updated on 11/23/2016 with effective dates 01/01/2017 - N/A

Updated on 11/23/2016 with effective dates 01/01/2017 - N/A

Updated on 11/03/2016 with effective dates 11/10/2016 - 12/31/2016

Updated on 03/31/2014 with effective dates 10/01/2015 - N/A

### – Keywords

- Epidural
- Steroid
- Injections
- Lumbar
- 62322
- 62323
- 62326
- 62327
- 64483
- 64484

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