Epidural steroid injections (ESI) for low back pain

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is not required for epidural steroid injections. Providers in all locations except for Iowa and the counties in Wisconsin listed below must comply with decision support requirements when ordering epidural steroid injections. Approved decision support solutions will utilize criteria to determine the appropriateness of any epidural steroid injection ordered for HealthPartners members. Please see related content at right for a link to the Epidural Steroid Injection Decision Support on the HealthPartners Provider portal.

Providers in these Wisconsin counties are exempt from decision support: Brown, Calumet, Door, Fond Du Lac, Florence, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, and Shawano. Epidural steroid injections in those counties are covered without prior authorization or decision support according to member benefits.

Sacroiliac joint injections are outside the scope of this policy. Please see related content for policy detailing prior authorization and coverage information.

Coverage

Lumbar epidural steroid injections are covered subject to the indications listed below, and per your plan documents.

Cervical or thoracic epidural steroid injections are covered subject to your plan documents.

Indications that are covered

Epidural steroid injections are covered when they are part of a comprehensive treatment plan and all of the following criteria are met:

Initial injection:

1. The member has lumbar radicular pain with demonstrable correlation on physical exam and/or imaging; and
2. Evaluation has ruled out tumor or other masses as a cause of the pain; and
3. The pain has been present for at least six weeks; and
4. The member has failed conservative therapy (structured exercise, physical therapy, activity modification, pharmacological management).
   A. Conservative therapy must include physical therapy (PT) and may include activity modification, weight loss, and drug therapy. Documentation must correspond to the current episode of pain (within six months).
   B. Formal physical therapy, at least four visits over a six week course, including active muscle conditioning is required, or there must be an explicit statement in the clinical documents that explains why such physical therapy is contraindicated. The requirement for physical therapy will not be met if there is a failure to complete prescribed physical therapy for non-clinical reasons. Documentation of formal physical therapy would be the therapist's notes. If a patient is unable to complete physical therapy (PT) due to progressively, worsening pain and disability, the case will be reviewed on an individual basis by an internal physician reviewer. Documentation in the physical therapist's notes demonstrating this must be submitted.
   - or -
5. Has acute radicular pain with demonstrable correlation on physical exam and/or imaging that precludes physical therapy (there must be an explicit statement in the clinical documents that explains why such physical therapy is contraindicated); and
6. The procedure is performed by an experienced clinician using real-time fluoroscopy monitoring of contrast material with hard copy or digital documentation of images.

Repeat injections:

1. Require documentation of 50% pain and/or symptom relief as demonstrated on a Visual Analog Scale at four weeks post-primary ESI. A pre- and post-Visual Analog Scale must be submitted.
2. Require a minimum of six weeks between injections;
3. Are limited to a total of four injections per 12 consecutive months.
4. Require documentation of member having tried and failed physical therapy during this episode.

**Indications that are not covered**

Epidural steroid injections are not considered medically necessary and are not covered:

1. For non-radicular back pain
2. Without guidance by real-time fluoroscopic imaging

**Definitions**

**Epidural steroid injections** may be delivered by the transforaminal, caudal or interlaminar approach.

**Episode** is defined as a six month consecutive time period corresponding with the member’s pain.

**Lumbar radicular pain** refers to low back pain that radiates to the leg in a radicular pattern consistent with imaging findings.

**Codes**

*If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.*

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>62322</td>
<td>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</td>
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<tr>
<td>62323</td>
<td>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)</td>
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<tr>
<td>62326</td>
<td>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</td>
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<tr>
<td>62327</td>
<td>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)</td>
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<tr>
<td>64483</td>
<td>Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level</td>
</tr>
<tr>
<td>64484</td>
<td>Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)</td>
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<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
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<tr>
<td>M47.20</td>
<td>Other spondylosis with radiculopathy, site unspecified</td>
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<tr>
<td>M47.819</td>
<td>Spondylosis without myelopathy or radiculopathy, site unspecified</td>
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<tr>
<td>M47.899</td>
<td>Other spondylosis, site unspecified</td>
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<td>M47.9</td>
<td>Spondylosis, unspecified</td>
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<td>M48.00</td>
<td>Spinal stenosis, site unspecified</td>
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<tr>
<td>M48.05</td>
<td>Spinal stenosis, thoracolumbar region</td>
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<tr>
<td>M48.061</td>
<td>Spinal stenosis, lumbar region without neurogenic claudication</td>
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<tr>
<td>M48.062</td>
<td>Spinal stenosis, lumbar region with neurogenic claudication</td>
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<tr>
<td>M48.07</td>
<td>Spinal stenosis, lumbosacral region</td>
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<td>M48.08</td>
<td>Spinal stenosis, sacral and sacrococcygeal region</td>
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<tr>
<td>M48.50XA-</td>
<td>Collapsed vertebra, not elsewhere classified</td>
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<tr>
<td>M48.58XS</td>
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<tr>
<td>M51.15 – M51.17</td>
<td>Intervertebral disc disorders with radiculopathy, thoracolumbar, lumbar &amp; lumbosacral regions</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>M51.26, M51.27</td>
<td>Other intervertebral disc displacement, lumbar &amp; lumbosacral regions</td>
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<tr>
<td>M51.36, M51.37</td>
<td>Other intervertebral disc degeneration, lumbar &amp; lumbosacral regions</td>
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<td>Radiculopathy, thoracolumbar, lumbar &amp; lumbosacral regions</td>
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<td>M54.30-M54.32</td>
<td>Sciatica</td>
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<td>M54.40-M54.42</td>
<td>Lumbago with sciatica</td>
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<td>M54.5</td>
<td>Lumbago</td>
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<td>M54.89</td>
<td>Other dorsalgia</td>
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<td>M54.9</td>
<td>Dorsalgia, unspecified</td>
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<td>Age-related osteoporosis with current pathological fracture, vertebra(e)</td>
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<td>Other osteoporosis with current pathological fracture, vertebra(e)</td>
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<td>Pathological fracture, other site</td>
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<tr>
<td>M84.58XA-M84.58XS</td>
<td>Pathological fracture in neoplastic disease, other specified site</td>
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<td>M84.68XA-M84.68XS</td>
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<td>M99.21-M99.23</td>
<td>Subluxation stenosis of neural canal of cervical, thoracic &amp; lumbar regions</td>
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<td>M99.31-M99.33</td>
<td>Osseous stenosis of neural canal of cervical, thoracic &amp; lumbar regions</td>
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<td>M99.41-M99.43</td>
<td>Connective tissue stenosis of neural canal of cervical, thoracic &amp; lumbar regions</td>
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<td>M99.51-M99.53</td>
<td>Intervertebral disc stenosis of neural canal of cervical, thoracic &amp; lumbar regions</td>
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<td>M99.61-M99.63</td>
<td>Osseous and subluxation stenosis of intervertebral foramina of cervical, thoracic &amp; lumbar regions</td>
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<tr>
<td>M99.71-M99.73</td>
<td>Connective tissue and disc stenosis of intervertebral foramina of cervical, thoracic &amp; lumbar regions</td>
</tr>
</tbody>
</table>

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**Products**

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

Approved Medical Director Committee 5/18/05, 12/20/10, 10/20/11; Revised 8/3/05, 2/15/06, 5/12/06, 8/8/06, 1/26/11, 4/25/11, 5/1/11, 8/18/11, 10/20/11, 11/15/12 for 1/1/13, 5/1/2015 implementation. 07/29/2013, 7/1/2015, 6/21/16, 1/9/17, 11/30/17, 3/15/18; Annual Review 2/16/06, 8/1/07, 8/1/08, 9/9/09, 11/10/10, 8/2011, 10/2011, 10/11/12, 7/2013, 9/2014, 5/2015, 9/2015, 3/2016, 3/2017, 2/2018

**Bibliography**

2. Chou, R. Subacute and chronic low back pain: Nonsurgical interventional treatment. In UpToDate, Atlas, SJ (Ed), UpToDate, Waltham, MA. (Accessed on February, 21, 2018.)