

## Frequently Asked Questions

### Policy Revisions for Epidural Steroid Injections (ESI) for Low Back Pain

#### ***When do the changes to the ESI policy start?***

Changes will be effective on September 15<sup>th</sup>, 2013

#### ***What are the specific medical criteria changes in the ESI policy?***

- Type of pain has been clarified as *radicular pain with demonstrable correlation on physical exam and/or imaging*
- Each individual ESI will require a prior authorization.
- Each repeat ESI requires:
  - a. A minimum of 6-weeks between injections
  - b. Documentation of a completed patient Visual Analog Scale (VAS) score pre-treatment of initial injection and a four-weeks VAS score post treatment that demonstrates 50% reduction in radicular pain or symptoms
  - c. Documentation that the patient has tried and failed physical therapy during this episode
- A maximum of four injections will be approved individually between the start date of the initial injection and ending 12 consecutive- months after the initial injection date when medical criteria has been met for each injection. (E.g. 1/15/13 (1<sup>st</sup> Injection) - 1/15/2014)

#### ***Where can I find all the medical criteria requirements for ESI injections?***

For the complete revised policy click on [Epidural Steroid Injections \(ESI\) for low back pain](#)

#### ***Do all providers performing ESI injections for low back pain need to follow the medical criteria under this policy?***

HealthPartners Preferred Spine Injection Therapy Network are required to follow the medical criteria under this policy, however the Medical Policy department does not apply the "prior authorization" requirement. This exception is due to their consistency with established coverage criteria and additional functional measurement requirements.

Providers that are not included in the HealthPartners Preferred Spine Injection Therapy Network are required to follow the medical criteria and to prior authorize each ESI injection as outlined under this policy. Each individual injection will require prior authorization.

***Does the Preferred Spine Injection Network need to continue with Oswestry measurement?***

Yes- the Preferred Spine Injection Network providers will need to continue completing Oswestry measurement specified intervals that are outlined in the policy.

***What type of provider is eligible to do the injection?***

Epidural steroid injections are to be performed by physicians with training and expertise in administering epidural injections under fluoroscopy. HealthPartners will not approve second level providers such as Physician Assistant(s) or Nurse Practitioner(s).

***What happens if prior authorization is not obtained prior to the patient receiving an ESI injection?***

The physician providing the service will be held liable for all costs associated with the service/procedure. The member will not be held liable for any costs incurred.

***Who is required to submit the prior authorization?***

The physician administering the injection is required to complete the prior authorization.

***How do I find out what diagnoses for epidural steroid injections are covered by HealthPartners?***

While not all inclusive, you may find specific diagnostic codes listed under the “Coding “ section of the [Epidural Steroid Injection for Low Back Pain policy](#). The diagnostic codes do not guarantee a patient has coverage or provider reimbursement. Please note that coverage is also determined by your patient’s benefit plan.

***What is considered formal physical therapy? How many visits are needed?***

Formal physical therapy is physical therapy that involves active muscle conditioning with a physical therapist. The physical therapist would determine the number of visits based on their evaluation and documented treatment plan tailored for each individual patient.

## **For Repeat Injections**

***Why is HealthPartners requiring the Visual Analog Scale (VAS) for repeat injections?***

The VAS is one tool that [Institute for Clinical Systems Improvement's \(ICSI\) Low Back Pain guideline](#) identified for evaluating and documenting the patient’s perceived disability. Pre and post treatment scores quantify the patient’s perception of pain and can be used to evaluate the effectiveness of your treatment. The guideline outlines that quantifying tools, such as the VAS, may need to be repeated during the treatment episode. If symptoms continue there may be a need to re-assess the diagnosis, treatment plan or a non-spine-related factor may be present preventing recovery.

***Is there a requirement for which version of the Visual Analog Scale (VAS) to use?***

There are many tools that are available to use for the Visual Analog Scale. We do not require any specific version.

***Who needs to administer the Visual Analog Scale to the patient and document the score?***

The physician providing the injection is responsible for assuring the VAS is performed pre- and post injection. The provider is also responsible for supplying documentation with the request for any repeat injections.

***What form do I use to prior authorize request repeat injections and where do I find it?***

You would use the following link [Medical Policy Review Form](#) and complete the lower section of the form along with the required documentation prior to the repeat injection

***What are the required intervals for administering the VAS and is it only required for repeat injection?***

While VAS is required as part of the prior authorization documentation for repeat injections, it is recommended that a Visual Analog Scale (VAS) be administered for each injection:

- Prior to injection (pre-treatment) and
- Four-weeks after an injection (post-treatment)

The post treatment measurement is expected to occur within the standard intervals given, while balancing small individual differences that may occur in the process of collection.

***What if the patient needs a repeat injection within a week?***

An epidural steroid injection is indicated for radicular pain to give short-term pain relief and should be given enough time to allow for conservative therapy to take place. Best practice is not to repeat ESI unless there is a re-occurrence of pain and the first injection has been successful. (Greater than 50% improvement as measured by the VAS.) Consideration should be given to the potential complications or delay in appropriate restorative treatment resulting from repetitive administration.

***If the four- week post-treatment VAS shows 50% improvement, when can a repeat injection be scheduled?***

Repeat injections require a minimum of six weeks between injection and documentation that the patient has tried and failed physical therapy during this episode. An epidural steroid injection should be given enough time to allow for conservative therapy to take place. When the four-week VAS shows 50% improvement and the patient continues to have significant symptoms, the medical review form may be submitted documenting the following:

1. 50% pain and/or symptom relief as demonstrated on a Visual Analog Scale at 4 weeks post-primary ESI. A pre and post Visual Analog Scale must be submitted.
2. The date of the repeat injection is a minimum of 6 weeks between previous injection
3. Requires documentation of member having tried and failed physical therapy during this episode

***Does each repeat injection require a trial and failure of physical therapy?***

Documentation that the patient has tried and failed physical therapy must occur during the current episode defined as a six month consecutive time period corresponding with the patient's pain.

***What if we have already received approval for more than four injections prior to September 15, are we able to perform those injections without submitting a new authorization?***

Prior authorization approvals prior to September 15th do not require a new prior authorization. If you have not received an authorization yet, you will need to send in a prior authorization request as described above.

***Is there a central location for Epidural Steroid Injection information?***

Provider information including policies, authorization request forms, and Oswestry tools, etc. can be found at [www.healthpartners.com/backpain](http://www.healthpartners.com/backpain) or copy/paste ***healthpartners.com/backpain*** into your browser.

**If you have further Questions:**

Regarding prior authorization process or medical policy, call 952-883-6333 or Fax 952-883-8712  
Regarding your patient's benefits/eligibility call 952-883-5000