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Local Coverage Determination (LCD): Lumbar Epidural Injections (L34125)



Contractor Information

Contractor Name Noridian Healthcare Solutions, LLC opens in new window Back to Top	Contract Number 01182	Contract Type MAC - Part B
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LCD Information

Document Information

LCD ID L34125	Jurisdiction California - Southern
LCD Title Lumbar Epidural Injections	Original Effective Date For services performed on or after 02/26/2014
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	Notice Period Start Date 01/09/2014
	Notice Period End Date 02/25/2014

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.

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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:

- 62311 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)
- 62319 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)
- 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-9 Codes that Support Medical Necessity

Group 1 Paragraph: The following are the covered diagnosis:

Group 1 Codes:

- 053.13 POSTHERPETIC POLYNEUROPATHY
- 053.8 HERPES ZOSTER WITH UNSPECIFIED COMPLICATION
- 053.9 HERPES ZOSTER WITHOUT COMPLICATION
- 338.18 OTHER ACUTE POSTOPERATIVE PAIN
- 349.0 REACTION TO SPINAL OR LUMBAR PUNCTURE
- 353.4 LUMBOSACRAL ROOT LESIONS NOT ELSEWHERE CLASSIFIED
- 659.93 UNSPECIFIED INDICATION FOR CARE OR INTERVENTION RELATED TO LABOR AND DELIVERY ANTEPARTUM
- 722.10 DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY
- 722.52 DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL DISC
- 724.02 SPINAL STENOSIS, LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION
- 724.03 SPINAL STENOSIS, LUMBAR REGION, WITH NEUROGENIC CLAUDICATION
- 724.2 LUMBAGO
- 724.3 SCIATICA
- 724.4 THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS UNSPECIFIED
- 729.2 NEURALGIA NEURITIS AND RADICULITIS UNSPECIFIED

ICD-9 Codes that DO NOT Support Medical Necessity

Paragraph: Excluded Including, but not limited to, the following:

1. Cauda equina syndrome
2. Epidural abscess

Codes:

- 324.1 INTRASPINAL ABSCESS
- 344.60 CAUDA EQUINA SYNDROME WITHOUT NEUROGENIC BLADDER
- 344.61 CAUDA EQUINA SYNDROME WITH NEUROGENIC BLADDER

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[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

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Review papers

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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.

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Revision History Information

Please note: The Revision History information included in this LCD prior to 1/24/2013 will now display with a Revision History Number of "R1" at the bottom of this table. All new Revision History information entries completed on or after 1/24/2013 will display as a row in the Revision History section of the LCD and numbering will begin with "R2".

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
02/26/2014	R1	ICD-9-CM added to Group 1: 338.18, 349.0, and 659.93. Effective date of 2/26/2014. LCD revised to remove Bill Type Codes: 014x, 032x, 033x, 034x, 041x, 043x, 065x, 066x, 072x, 074x, 075x and 076x.	<ul style="list-style-type: none">Revisions Due To ICD-9-CM Code Changes


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Associated Documents

Attachments [Comment and Responses for Lumbar opens in new window](#) (a comment and response document)
(PDF - 134 KB)

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 01/29/2014 with effective dates 02/26/2014 - N/A [Updated on 01/03/2014 with effective dates 02/26/2014 - N/A Back to Top](#) 

Keywords

- Epidural
- Steriod
- Injections
- 62310
- 62311
- 62318
- 62319

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