

Epidural Steroid Injection

Policy Number: 084

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Authorization Required	X	X	
No Prior Authorization			X

Overview

This policy addresses medical necessity guidelines for epidural steroid injections for Mass General Brigham Health Plan members who are at least 18 years of age.

Criteria

Medical necessity for epidural steroid injection for members 18 years of age or older is determined through InterQual® criteria which Mass General Brigham Health Plan has customized. To access the criteria, log into Mass General Brigham Health Plan's provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources Menu, or see below:

1. For treatment for cervical radicular pain:
 - a. For initial injection, member must meet one of the following:
 - i. If pain is ≥ 7 out of 10 on the visual analog scale (VAS), one of the following is planned:
 1. Interlaminar epidural steroid injection; or
 2. Transforaminal epidural steroid injection; or
 - ii. If pain is ≥ 3 and < 7 on the VAS, member meets all of the following:
 1. Pain interferes with activities of daily living; and
 2. Member has continued pain after trying all of the following:
 - a. NSAIDs or acetaminophen for at least 3 weeks; and
 - b. Activity modification for at least 4 weeks; and
 - c. Physical therapy or home exercise for at least 4 weeks; and
 3. One of the following is planned:
 - a. Interlaminar epidural steroid injection; or
 - b. Transforaminal epidural steroid injection; or
 - b. For second through fourth injections up to 6 months from initial injection, member must meet both of the following:
 - i. Injection was successful for pain relief; and
 - ii. One of the following is planned:
 1. Interlaminar epidural steroid injection; or
 2. Transforaminal epidural steroid injection; or
 - c. For second through sixth injections up to one year since initial injection, member must meet both of the following:
 - i. Injection was successful for pain relief; and
 - ii. One of the following is planned:
 1. Interlaminar epidural steroid injection; or
 2. Transforaminal epidural steroid injection; or
2. For treatment of thoracic back pain:
 - a. For initial injection, member must meet one of the following:

- i. Pain is ≥ 7 out of 10 on the visual analog scale (VAS); or
 - ii. If pain is ≥ 3 and < 7 on the VAS, member meets all of the following:
 - 1. Pain interferes with activities of daily living; and
 - 2. Member has continued pain after trying all of the following:
 - a. NSAIDs or acetaminophen for at least 3 weeks; and
 - b. Activity modification for at least 4 weeks; and
 - c. Physical therapy or home exercise for at least 4 weeks; or
 - b. For second through fourth injections up to 6 months from initial injection, injection was successful for pain relief; or
 - c. For second through sixth injections up to one year since initial injection, injection was successful for pain relief; or
3. For treatment of lumbar radicular pain:
 - a. For initial injection, member must meet one of the following:
 - i. If pain is ≥ 7 out of 10 on the visual analog scale (VAS); or
 - ii. If pain is ≥ 3 and < 7 on the VAS, member meets all of the following:
 - 1. Pain interferes with activities of daily living; and
 - 2. Member has continued pain after trying all of the following:
 - a. NSAIDs or acetaminophen for at least 3 weeks; and
 - b. Activity modification for at least 4 weeks; and
 - c. Physical therapy or home exercise for at least 4 weeks; or
 - b. For second through fourth injections up to 6 months from initial injection, injection was successful for pain relief; or
 - c. For second through sixth injections up to one year since initial injection, injection was successful for pain relief; or
4. For treatment of neurogenic claudication:
 - a. For initial injection, member must meet one of the following:
 - i. Pain is ≥ 7 out of 10 on the visual analog scale (VAS); or
 - ii. If pain is ≥ 3 and < 7 on the VAS, member meets all of the following:
 - 1. Pain interferes with activities of daily living; and
 - 2. Member has continued pain after trying all of the following:
 - a. NSAIDs or acetaminophen for at least 3 weeks; and
 - b. Activity modification for at least 4 weeks; and
 - c. Physical therapy or home exercise for at least 4 weeks; or
 - b. For second through fourth injections up to 6 months from initial injection, injection was successful for pain relief; or
 - c. For second through sixth injections up to one year since initial injection, injection was successful for pain relief; or
5. For treatment of nonspecific low back pain, member must meet all of the following:
 - a. Back pain interferes with activities of daily living; and
 - b. Member has no acute neurologic deficits; and
 - c. History and physical examination and imaging are nondiagnostic for etiology of pain; and
 - d. Member has continued pain after trying all of the following:
 - i. NSAIDs or acetaminophen for at least 3 weeks; and
 - ii. Activity modification for at least 4 weeks; and
 - iii. Physical therapy for at least 4 weeks.



Mass General Brigham Health Plan uses guidance from MassHealth for coverage determinations for Mass General Brigham ACO members. **At the time of Mass General Brigham Health Plan’s most recent policy review, MassHealth did not have medical necessity guidance for epidural steroid injection.**

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan’s medical policies are used for coverage determinations.

At the time of Mass General Brigham Health Plan’s most recent policy review, Medicare has the following:

- [LCD: Epidural Steroid Injections for Pain Management \(L39015\)](#)
- [LCD: Epidural Steroid Injections for Pain Management \(L33906\)](#)
- [LCD: Epidural Steroid Injections for Pain Management \(L39240\)](#)
- [LCD: Epidural Steroid Injections for Pain Management \(L39242\)](#)
- [LCD: Epidural Steroid Injections for Pain Management \(L36920\)](#)
- [LCD: Epidural Steroid Injections for Pain Management \(L38994\)](#)
- [LCD: Epidural Steroid Injections for Pain Management \(L39054\)](#)

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

This list of codes applies to Commercial and MassHealth lines of business.

Authorized Code	Code Description
62320	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, cervical or thoracic; without imaging guidance
62321	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, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
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)
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level



64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level
64484	Injection(s), anesthetic agent(s) 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)

Effective

January 2025: Effective date.

References

Manchikanti et al., Pain Physician 2013, 16: S49-283

North American Spine Society (NASS), NASS Coverage Policy Recommendations: Epidural Steroid Injections and Selective Spinal Nerve Blocks. 2020

