

Contractor Name

Wisconsin Physicians Service (WPS)

Contractor Number

00951, 00952, 00953, 00954
05101, 05201, 05301, 05401,
05102, 05202, 05302, 05402,
52280

Contractor Type

Carrier B
Fiscal Intermediary A
MAC A
MAC B

LCD Database ID Number**LCD Version Number****LCD Title**

Epidural, Subarachnoid and Transforaminal Epidural Injections

Contractor's Determination Number

NEURO-007

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CMS National Coverage Policy**Primary Geographic Jurisdiction**

Carrier B: Wisconsin, Illinois, Michigan, Minnesota

Fiscal Intermediary A: Alaska, Alabama, Arizona, Arkansas, California - Entire State, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri - Entire State, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, New Jersey, New Mexico, Nevada, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Vermont, Washington, Wisconsin, West Virginia, Wyoming, American Samoa, Guam, Northern Mariana Islands, U.S. Virgin Islands

MAC A/B: Iowa, Missouri, Nebraska, Kansas

Secondary Geographic Jurisdiction**Oversight Region**

Original Determination Effective Date

Revision Effective Date

Indications and Limitations of Coverage and/or Medical Necessity

Epidural and intrathecal (epidural and subarachnoid) injections are used for acute and chronic pain, cancer pain management and treatment of spasticity. Epidural and intrathecal injections are utilized both for diagnostic and therapeutic purposes. This LCD does not apply to intrathecal chemotherapy for cancer treatment.

A multi-disciplinary or collaborative comprehensive evaluation (e.g. orthopedics, neurologist, neurosurgeon, physiatrist, anesthesiologist, pain medicine specialist, and/or attending physician), is recommended prior to initiating a trial of these injections for pain relief.

Epidural steroids should be used only in the presence of radiculopathy.

Indications for Diagnostic and Therapeutic Epidural and Intrathecal Injections

Diagnostic interlaminar/translaminar or caudal epidural steroid injections are seldom used. Although the medication injected can sometimes be confined to a limited area, bilateral effects and spread to adjacent levels often occur.

Therapeutic epidural and intrathecal (subarachnoid) injections and infusions of opioid, local anesthetic, clonidine and other medications may be used for the treatment of acute and chronic pain, cancer pain and baclofen for intractable spasticity.

Both epidural and intrathecal injections may be used for the following.

- Acute obstetric, post traumatic and postoperative pain
- Advanced cancer pain, primary or metastatic
- Acute/sub acute pain syndrome including cervical, thoracic and lumbar pain with radiculopathy and intervertebral disc disease (with neuritis or radiculitis) with or without myelopathy that has failed to respond to adequate conservative management.
- Nerve root injuries and neuropathic pain and post traumatic including post laminectomy syndrome (failed back syndrome).
- Spinal cord myelopathy
- Complex regional pain syndrome
- Epidural scarring from prior infection, hemorrhage and/or surgery
- Multiple rib fractures
- Vertebral compression fractures
- Post herpetic neuralgia and herpes zoster
- Phantom limb pain
- Management of intractable spasticity that has failed medical treatment with oral antispasmodics.

Indications for Diagnostic and Therapeutic Transforaminal Epidural Injections

Transforaminal epidural injection is selective block of the cervical, thoracic, lumbar or sacral nerve roots with proximal spread of contrast or local anesthetic through the neural foramen to the epidural space. With the aid of fluoroscopic or computed tomography (CT) imaging, the needle tip is placed within or adjacent to the lateral margin of the neural foramen and contrast material is injected to obtain a

neurogram and visualize spread of the injected solution. A small volume of local anesthetic is injected (less than or equal to 1.0 ml) in order to perform a diagnostic reproducible blockade of a specific nerve root. The diagnostic usefulness is lost if more than 1.0 ml of local anesthetic is injected (the block becomes unreliable since the spread of anesthetic to adjacent levels and structures likely occurs). Steroid can be added as a therapeutic measure. Injections for therapeutic reasons can be of greater volume. The block can be performed for diagnostic, therapeutic or both purposes.

Transforaminal epidural injections are appropriate for the following **diagnostic** purposes.

- To differentiate the level of radicular nerve root pain.
- To differentiate radicular from non radicular pain
- To evaluate a discrepancy between imaging studies and clinical findings
- To identify the source of pain in the presence of multi-level nerve root compression
- To identify the level of pathology at a previous operative site

It might be necessary to perform injections at two different nerve root levels on the same date of service. When multiple levels of nerve root compression or stenosis is suspected to be responsible for the patient's symptoms, presence of the compression or stenosis on imaging studies should be documented in the medical record.

Transforaminal epidural injections are appropriate for the following **therapeutic** purposes:

- Radicular pain resistant to other therapeutic means or when surgery is contraindicated
- Post-decompressive radiculitis or post surgical scarring
- Monoradicular pain, confirmed by diagnostic block in which a surgically correctible lesion cannot be identified
- Treatment of acute herpes zoster or post herpetic neuralgia

Epidural steroid injections should not exceed a series of three within a six-month period when used as treatment for a pain disorder. These may be performed at intervals of one week or greater. With each subsequent injection the medical record should clearly document the interval effects from the prior injection(s). Appropriate reasons for a repeat injection are: (a) significant improvement in the patient's symptoms from the prior injection, even if relapsed, or (b) carefully documented technical reasons that it is appropriate to repeat the procedure even if no prior improvement. In the absence of a compelling technical reason, it is not appropriate to repeat a procedure a third time if there has been no improvement from the two preceding.

If steroids are used, consideration should be given to the potential complications of repetitive steroid dosing.

An evaluative, monitored trial of epidural/ subarachnoid opioid or antispasmodic is indicated prior to the implantation of a continuous infusion system. The trial consists of a single injection with or without the temporary placement of a catheter. Repeated single injections may be indicated where necessary for diagnostic purposes.

Many of these procedures, such as those in the peri-operative period, may not require fluoroscopy. When fluoroscopic guidance is necessary and performed in conjunction with codes 62280, 62281, 62282, 62310, 62311, 62318, and 62319, it may be reported additionally using code 77003.

Fluoroscopic guidance **must** be utilized in the performance of single nerve root/transforaminal injections to ensure the precise placement of the needle and medications injected.

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.

11x	Hospital-inpatient (including Part A)
12x	Hospital-inpatient or home health visits (Part B only)
13x	Hospital-outpatient (HHA-A also (under OPSS 13x must be used for ASC claims submitted for OPSS payment—eff.7/00)
18x	Hospital-swing beds
21x	SNF-inpatient Part A
22x	SNF-inpatient or home health visits (Part B only)
23x	SNF-outpatient (HHA A also)
71x	Clinic-rural health
73x	Clinic –independent provider based FQHC (eff.10/91)
75x	Clinic CORF
83x	Special facility or ASC surgery-ambulatory surgical center (Discontinued for Hospitals Subject to Outpatient PPS; hospitals must use 12x for ASC claims submitted for OPSS payment---Eff.7/00)
85x	Special facility or ASC surgery-rural primary care Hospital (eff 10/94)

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.

0360	Operating room services-general classification
0450	Emergency room-general classification
049x	Ambulatory surgical care-general classification
050x	Outpatient services-general classification (deleted 9/93)
051x	Clinic-general classification
052x	Free-standing clinic-general classification
0761	Treatment or observation room-treatment room
096x	Professional fees-general classification

CPT/HCPCS Codes

01996	Daily hospital management of epidural or subarachnoid continuous drug administration
62280	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions) with or without other therapeutic substance; subarachnoid
62281	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions) with or without other therapeutic substance; epidural, cervical or thoracic
62282	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions) with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
62310	Injection single (not via indwelling catheter) not including neurolytic substances, with or without contrast (for either localization or epidurography) of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution)

	epidural or subarachnoid; cervical or thoracic
62311	Injection single (not via indwelling catheter) not including neurolytic substances, with or without contrast (for either localization or epidurography) of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution) epidural or subarachnoid; lumbar, sacral(caudal)
62318	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography) of diagnostic or therapeutic substance(s) including anesthetic, antispasmodic, opioid, steroid, other solution) epidural or subarachnoid; cervical, thoracic
62319	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography) of diagnostic or therapeutic substance(s) including anesthetic, antispasmodic, opioid, steroid, other solution) epidural or subarachnoid; lumbar, sacral (caudal)
64479	Injection, anesthetic agent and/or steroid transforaminal epidural; cervical or thoracic, single level
64480	Injection, anesthetic agent and/or steroid transforaminal epidural; cervical or thoracic, each additional level (list separately in addition to code for primary procedure)
64483	Injection, anesthetic agent and/or steroid transforaminal epidural; lumbar or sacral, single level
64484	Injection, anesthetic agent and/or steroid transforaminal epidural; lumbar or sacral each additional level (list separately in addition to code for primary procedure)
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal, epidural, subarachnoid, paravertebral facet joint nerve, or sacroiliac joint) including neurolytic agent destruction
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation.

Does the CPT 30% Rule Apply

Yes/No

ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

Diagnoses that Support Medical Necessity

036.0	Meningococcal meningitis
053.0	Herpes zoster with meningitis
053.10-053.19	Herpes zoster with other nervous system complications
053.8	Herpes zoster with unspecified complication
053.9	Herpes zoster without complication
140.0-239.9	Malignant neoplasm of lip-Neoplasms of unspecified nature, site unspecified
322.2	Chronic meningitis
322.9	Meningitis unspecified
334.1	Hereditary spastic paraplegia
337.20-337.29	Disorders of the autonomic nervous system
338.11-338.19	Acute Pain
338.21-338.3	Chronic Pain

340	Multiple sclerosis
342.10-342.12	Spastic hemiplegia and hemiparesis , unspecified side, dominant and nondominant side
343.0-343.9	Infantile cerebral palsy
344.00-344.5	Other paralytic syndromes
353.0-353.8	Nerve root and plexus disorders
354.0-354.9	Mononeuritis of upper limb and mononeuritis multiplex
355.0-355.9	Mononeuritis of lower limb and unspecified site
650	Normal Delivery
651.00-651.93	Multiple gestation
652.00-652.93	Malposition and malpresentation of fetus
653.00-653.93	Disproportion
654.00-654.94	Abnormality of organs and soft tissue of pelvis
719.45	Pain in joint involving pelvic region and thigh
721.0-721.42	Spondylosis, cervical, thoracic, lumbar; with or without myelopathy
722.0-722.93	Intervertebral disc disorders
723.0	Spinal stenosis in cervical region
723.1	Cervicalgia
723.4	Brachial neuritis or radiculitis NOS
724.00-724.4	Other and unspecified disorders of back
729.4	Neuralgia, neuritis and radiculitis unspecified
733.10-733.15	Pathologic fracture
738.4	Acquired spondylolisthesis
781.0	Abnormal involuntary movements
789.09	Abnormal pain other specified site
805.00-805.9	Fracture of vertebral column without mention of spinal cord injury
806.00-806.9	Fracture of vertebral column with spinal cord injury
807.00-807.5	Fracture of ribs, sternum, larynx and trachea
808.0-808.9	Fracture of pelvis
809.0	Fracture of bones of trunk, closed
809.1	Fracture of bones of trunk open
952.00-952.9	Spinal cord injury without evidence of spinal bone injury
953.0-953.9	Injury to nerve roots and spinal plexus
954.0-954.9	Injury to other nerve(s) of trunk, excluding shoulder and pelvic girdles
955.0-955.9	Injury to peripheral nerve(s) of shoulder girdle and upper limb
956.0-956.9	Injury to peripheral nerve(s) of pelvic girdle and lower limb
957.0	Injury to superficial nerves of head and neck
957.1	Injury to other specified nerve(s)
957.8	Injury to multiple nerves in several parts
957.9	Injury to nerves unspecified site
V58.42	Aftercare following surgery for neoplasm
V58.43	Aftercare following surgery for injury and trauma
V58.49	Other specified aftercare following surgery

ICD-9 Codes that DO NOT Support Medical Necessity

Any ICD-9-CM code not listed above

Diagnoses that DO NOT Support Medical Necessity

Any diagnosis not listed above

Documentation Requirements

Documentation in the medical record must contain the initial evaluation including history and physical examination, diagnosis, pain and disability of moderate to severe degree, patient history of prior therapies, treatment plan, site of injection with name and dosage of drug instilled, and the patient's response to the prior injections.

Pre and post procedure evaluation documenting patient's response to the injection, including pain level and ability to perform previously painful maneuvers must be included in the medical record.

The medically necessary reason for the use of CT guided imaging rather than fluoroscopy must be documented in the medical record.

For antispasmodic injections, the medical record should document significant spasticity not relieved by oral medications.

Daily hospital management of continuous epidural or subarachnoid drug administration must be documented in the medical record, by the billing provider.

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.

When requesting a written redetermination (formerly appeal), providers must send all relevant documentation with the request.

Utilization Guidelines

See Indications and Limitations section of this policy.

Providing a combination of epidural block, facet joint blocks, bilateral sacroiliac joint injections, lumbar sympathetic blocks to a patient on the same day is considered not reasonable or necessary. Such therapy can lead to an improper diagnosis or unnecessary treatment.

Sources of Information and Basis for Decision

Other Contractors' Medical Policies

Boswell MV, Trescot AM, Datta S, Schultz DM, et al. Interventional Techniques: Evidence-based Practice Guidelines in the Management of Chronic Spinal Pain. *Pain Physician* 2007; 10:7-111.

Armon C, Argoff C, Samuels J, Backonja M, Guideline, Assessment: Use of Epidural Steroid Injections to Treat Radicular Lumbosacral Pain. Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. www.guidelines.gov. Accessed 06/25/2009.

Benyamin R, Singh V, Parr A, Conn A, Diwan S, Abdi S, Systematic Review of the Effectiveness of Cervical Epidurals in the Management of Chronic Neck Pain. *Pain Physician* 2009; 12:137-157.

Parr A, Diwan S, Abdi S, Lumbar Interlaminar Epidural Injections in Managing Chronic Low Back and Lower Extremity Pain: A Systematic Review. Pain Physician 2009; 12:163-188.

Buenaventura R, Datta S, Abdi S, Smith H, Systematic Review of Therapeutic Lumbar Transforaminal Epidural Steroid Injections Pain Physician 2009; 12:233-251.

Tollison, CD, ed. *Handbook of Pain Management*. 2nd ed. Baltimore: Williams & Wilkins; 1994.

Advisory Committee Meeting Notes

Meeting Date:

Wisconsin	9/25/09
Illinois	9/16/09
Michigan	9/09/09
Minnesota	09/24/09
J5 MAC	10/08/09

Open Meeting Date 8/19/2009

Start Date of Comment Period

10/08/2009

End Date of Comment Period

11/23/2009

Start Date of Notice Period

(Published)

Revision History Number/Explanation

Last Reviewed On

Related Documents

[Coding Guideline NEURO-007](#)

LCD Attachments

Does this LCD contain a "Least Costly Alternative" Provision?

No

Coding Guideline

Contractor Name

Wisconsin Physicians Service (WPS)

LCD Database ID Number

LCD Title

Epidural, Subarachnoid and Transforaminal Epidural Injections

Contractor's Determination Number

NEURO-007

CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim, which lacks the necessary information to process the claim.

Coding Guidelines

1. The HCPCS/CPT code(s) may be subject to Correct Coding initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the current version CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.
2. All procedures related to pain management procedures performed by the physician/provider performed on the same day must be billed on the same claim.
3. An imaging guidance code is billed only once per session for CPT code 77003, fluoroscopy or CPT code 77012 for CT guidance. Physicians may only bill for the professional component when imaging is performed in a hospital or non-office facility. No claim should be submitted for the hard or digital film(s) maintained to document needle placement.
4. The CPT code 72275 (Epidurography, radiological supervision and interpretation) differs from CPT code 77003 in that it represents a formal recorded and reported contrast study that includes fluoroscopy. Epidurography should only be reported when it is reasonable and medically necessary to perform a **diagnostic study**. It should not be billed for the usual work of fluoroscopy and dye injection that is integral to the injection(s) addressed in the policy.
5. All the CPT codes applicable to this policy include allowance for the insertion of the needle into the epidural or intrathecal space, as well as the injection of the drug.
6. Only **one (1)** unit of 62310, 62311, 62318 or 62319 should be billed and allowed per spinal region [cervical/thoracic, lumbar/sacral (caudal)], no matter how many injections are made in that region.
7. The CPT codes 62310, 62311, 62318, and 62319 each have a bilateral surgery indicator of "0." Modifier -50 and/or the anatomic modifiers, -LT/-RT should **not** be used.

8. The CPT codes 64479-64484 (transforaminal epidurals) have a bilateral surgery indicator of "1." Thus, they are considered "unilateral" procedures and the 150% payment adjustment for bilateral procedures applies. When injecting a nerve root bilaterally, file with modifier –50. When injecting a nerve root unilaterally, file the appropriate anatomic modifier –LT or –RT.
9. Only **one (1)** unit of service should be submitted for a transforaminal epidural injection for a unilateral or bilateral injection at the same level.
10. Whether a transforaminal epidural block is performed unilaterally or bilaterally at one vertebral level, use CPT code 64479 or 64483 for the first level injected. If a second level is injected unilaterally or bilaterally, use CPT code 64480 or 64484.
11. CPT codes 62310, 62311 should be used when the analgesia is delivered by a single injection.
12. These codes should only be used when the catheter or injection is not used for administration of anesthesia during the operative procedure. Modifier -59 should be used when billing these services to indicate that the catheter or injection was a separate procedure from the surgical anesthesia care.
13. The epidural catheter insertion (CPT codes 62318 or 62319) includes the setup and start of the infusion. Therefore, the daily management of epidural or subarachnoid drug administration (CPT code 01996) should not be billed for the same day as the catheter insertion.
14. The daily management of epidural or subarachnoid drug administration (CPT code 01996) is a daily service and should only be coded with a number of services (NOS) of one (1) for each day billed. Post-operative pain management services should be reported in the inpatient hospital setting (21) only.
15. The time utilized for a single injection (CPT codes 62310 and 62311) or the insertion of the epidural catheter (CPT codes 62318 and 62319) should not be included in the time reported for the anesthesia care for the surgical procedure. The catheter insertion is considered a surgical procedure and should be coded with the number of services of one (1).