Local Coverage Determination (LCD) for Epidural and Transforaminal Epidural Injections (L30481)

Contractor Name
Wisconsin Physicians Service Insurance Corporation

Document Information

LCD ID Number
L30481

LCD Title
Epidural and Transforaminal Epidural Injections

Contractor's Determination Number
NEURO-007

Oversight Region
Region V

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Original Determination Effective Date
For services performed on or after 04/15/2010

Original Determination Ending Date

Revision Effective Date
For services performed on or after 01/01/2012

Revision Ending Date

CMS National Coverage Policy
Indications and Limitations of Coverage and/or Medical Necessity
Epidural injections are used for acute and chronic pain, in addition to cancer pain management. Epidural injections are utilized both for diagnostic and therapeutic
purposes.

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 relief of chronic recurrent pain.

Epidural steroid injections, both interlaminar/translaminar and transforaminal should be used only in the presence of radiculopathy.

**Indications for Diagnostic and Therapeutic Epidural 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** interlaminar/translaminar or caudal epidural injections and infusions of opioid, local anesthetic, or other medications may be used for the treatment of acute and chronic pain or cancer pain.

Epidural injections (interlaminar/translaminar or caudal) may be used for the following.
- Acute obstetric, post traumatic and postoperative pain
- Advanced cancer pain, primary or metastatic
- Acute/sub acute and chronic 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

**Indications for Diagnostic and Therapeutic Transforaminal Epidural Injections**

Transforaminal epidural injection is a selective injection 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).

**Diagnostic** transforaminal epidural injections are appropriate for the following 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.

**Therapeutic** transforaminal epidural injections are appropriate for the following purposes:

Corticosteroid can be added as a therapeutic measure. Injections for therapeutic reasons can be of greater volume. The transforaminal injection can be performed for diagnostic, therapeutic or both purposes.

Radicular pain resistant to more conservative measures 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

**General Indications and Limitations**
Epidural (interlaminar/translaminar or caudal) and transforaminal epidural corticosteroid injections should not exceed a series of three, per spinal region, within a six-month period when used as treatment for a pain disorder other than treatment for cancer pain. 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 and (c) patients with persistent pain in whom the imaging findings suggest that the pathology should respond to corticosteroid injection. 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 corticosteroids are used, consideration should be given to the potential complications of repetitive corticosteroid administration.

Many of these procedures, such as those in the peri-operative period, may not require fluoroscopy.

For treatment of chronic pain, the standard of care is that these procedures be performed under fluoroscopic or CT guided imaging. Therefore injections for chronic pain performed without imaging guidance will be considered not medically necessary.

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.

Anti-spasmodic drugs administered intrathecally (e.g., baclofen) to treat chronic intractable spasticity are addressed in the Infusion Pump NCD Pub. 100-3 Sec. 280.14. The CPT description of procedure codes 62310, 62311, 62318 and 62319 include anesthetic, antispasmodic, opioid, steroid, other solution; therefore the spasticity conditions are included in this LCD.

**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
- 071x Clinic - Rural Health
- 073x Clinic - Freestanding
- 075x Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
- 083x Ambulatory Surgery Center
- 085x Critical Access Hospital

**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
- 051X Clinic - General Classification
- 052X Free-Standing Clinic - General Classification
- 0761 Specialty Services - Treatment Room
CPT/HCPCS Codes

01996  DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR SUBARACHNOID CONTINUOUS DRUG ADMINISTRATION INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; EPIDURAL, CERVICAL OR THORACIC

62281  INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; EPIDURAL, LUMBAR, SACRAL (CAUDAL)

62282  INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTIISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INCLUDES CONTRAST FOR LOCALIZATION WHEN PERFORMED, EPIDURAL OR SUBARACHNOID; CERVICAL OR THORACIC

62310  INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTIISPASMODIC, 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)

62311  INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTIISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDES CONTRAST FOR LOCALIZATION WHEN PERFORMED, EPIDURAL OR SUBARACHNOID; LUMBAR OR SACRAL (CAUDAL)

62318  INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTIISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDES CONTRAST FOR LOCALIZATION WHEN PERFORMED, EPIDURAL OR SUBARACHNOID; CERVICAL OR THORACIC

62319  INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTIISPASMODIC, OPIOID, STEROID,
OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDES CONTRAST FOR LOCALIZATION WHEN PERFORMED, EPIDURAL OR SUBARACHNOID; LUMBAR OR SACRAL (CAUDAL) INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL

64479

INJECTION, ANESTHETIC AGENT 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)

64480

INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL

64483

INJECTION, 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)

64484

FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOSUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL OR SUBARACHNOID)

77003

COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), RADIOLOGICAL SUPERVISION AND INTERPRETATION

77012

ICD-9 Codes that Support Medical Necessity

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

These are the only covered ICD-9-CM codes that support medical necessity for CPT codes 62281, 62282, 62310, 62311, 62318, 62319, 64479, 64480, 64483, and 64484.

Note: Diagnostic restrictions do not apply to CPT codes 77003, 77012 or 01996.

053.10 - HERPES ZOSTER WITH UNSPECIFIED NERVOUS SYSTEM
053.19  COMPLICATION - HERPES ZOSTER WITH OTHER NERVOUS SYSTEM COMPLICATIONS
053.8  HERPES ZOSTER WITH UNSPECIFIED COMPLICATION
140.0 - MALIGNANT NEOPLASM OF UPPER LIP VERMILION BORDER - 
239.9  NEOPLASM OF UNSPECIFIED NATURE SITE UNSPECIFIED
322.2  CHRONIC MENINGITIS
322.9  MENINGITIS UNSPECIFIED
337.20  REFLEX SYMPATHETIC DYSTROPHY UNSPECIFIED - REFLEX SYMPATHETIC DYSTROPHY OF OTHER SPECIFIED SITE
338.11  ACUTE PAIN DUE TO TRAUMA - OTHER ACUTE PAIN
338.21  CHRONIC PAIN DUE TO TRAUMA - NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)
340  MULTIPLE SCLEROSIS
342.10  SPASTIC HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE - SPASTIC HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDominANT SIDE
343.0  CONGENITAL DIPLEGIA - INFANTILE CEREBRAL PALSY
343.9  UNSPECIFIED
353.0  BRACHIAL PLEXUS LESIONS - OTHER NERVE ROOT AND PLEXUS DISORDERS
354.0  CARPAL TUNNEL SYNDROME - MONONEURITIS OF UPPER LIMB UNSPECIFIED
355.0  LESION OF SCIATIC NERVE - MONONEURITIS OF UNSPECIFIED SITE
650  NORMAL DELIVERY
651.00  TWIN PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE - UNSPECIFIED MULTIPLE GESTATION ANTEPARTUM CONDITION OR COMPLICATION
652.00  UNSTABLE LIE UNSPECIFIED AS TO EPISODE OF CARE - UNSPECIFIED MALPOSITION OR MALPRESENTATION ANTEPARTUM
653.00  MAJOR ABNORMALITY OF BONY PELVIS NOT FURTHER SPECIFIED UNSPECIFIED AS TO EPISODE OF CARE - UNSPECIFIED DISPROPORTION ANTEPARTUM CONGENITAL ABNORMALITIES OF UTERUS UNSPECIFIED AS TO EPISODE OF CARE - OTHER AND UNSPECIFIED
654.00  ABNORMALITY OF ORGANS AND SOFT TISSUES OF PELVIS POSTPARTUM CONDITION OR COMPLICATION
719.45  PAIN IN JOINT INVOLVING PELVIC REGION AND THIGH
721.0 - CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY -
721.42 SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION
722.0 - DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC
722.93 WITHOUT MYELOPATHY - OTHER AND UNSPECIFIED DISC
723.0 DISORDER OF LUMBAR REGION
723.1 SPINAL STENOSIS IN CERVICAL REGION
723.4 BRACHIAL NEURITIS OR RADICULITIS NOS
724.00 SPINAL STENOSIS OF UNSPECIFIED REGION - THORACIC OR
724.4 LUMBOSACRAL NEURITIS OR RADICULITIS UNSPECIFIED
728.85 SPASM OF MUSCLE
729.2 NEURALGIA NEURITIS AND RADICULITIS UNSPECIFIED
729.4 FASCIITIS UNSPECIFIED
733.10 PATHOLOGICAL FRACTURE UNSPECIFIED SITE -
733.15 PATHOLOGICAL FRACTURE OF OTHER SPECIFIED PART OF
738.4 ACQUIRED SPONDYLOLISTHESIS
756.11 CONGENITAL SPONDYLOLYSIS LUMBOSACRAL REGION
756.12 SPONDYLOLISTHESIS CONGENITAL
781.0 ABNORMAL INVOLUNTARY MOVEMENTS
789.09 ABDOMINAL PAIN OTHER SPECIFIED SITE
805.00 CLOSED FRACTURE OF CERVICAL VERTEBRA UNSPECIFIED
805.9 LEVEL - OPEN FRACTURE OF UNSPECIFIED PART OF
806.00 VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY
806.9 SPINAL CORD INJURY - OPEN FRACTURE OF UNSPECIFIED
807.00 VERTEBRA WITH SPINAL CORD INJURY
807.5 CLOSED FRACTURE OF RIB(S) UNSPECIFIED - CLOSED
808.0 CLOSED FRACTURE OF ACETABULUM - UNSPECIFIED OPEN
808.9 FRACHTURE OF PELVIS
809.0 FRACTURE OF BONES OF TRUNK CLOSED
809.1 FRACTURE OF BONES OF TRUNK OPEN
952.00 C1-C4 LEVEL SPINAL CORD INJURY UNSPECIFIED -
952.9 UNSPECIFIED SITE OF SPINAL CORD INJURY WITHOUT
953.0 SPINAL BONE INJURY
953.9 INJURY TO CERVICAL NERVE ROOT - INJURY TO
954.0 UNSPECIFIED SITE OF NERVE ROOTS AND SPINAL PLEXUS
954.9 INJURY TO CERVICAL SYMPATHETIC NERVE EXCLUDING
954.0 SHOULDER AND PELVIC GIRDLES - INJURY TO UNSPECIFIED
954.9 NERVE OF TRUNK EXCLUDING SHOULDER AND PELVIC
Diagnoses that Support Medical Necessity
Any diagnosis listed above

ICD-9 Codes that DO NOT Support Medical Necessity
Any ICD-9-CM code not listed above

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity
Any diagnosis not listed above

Documentations 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, site of injection with name and dosage of drug instilled, and the
patient’s response to the prior injections.

Documentation of conservative therapies that were tried and failed except in acute
situations such as acute disc herniation with disabling and debilitating pain, herpes
zoster and post herpetic neuralgia, reflex sympathetic dystrophy, post operative and
obstetric pain and intractable pain secondary to carcinoma.

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.

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

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.

**Appendices**

**Utilization Guidelines**

See Indications and Limitations section of this policy.

Significant improvement in the patient's symptoms is defined as 50% or more improvement in level of pain.

Providing a combination of epidural injections, facet joint injections, bilateral sacroiliac joint injections or 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**


* - An asterisk indicates a revision to that section of the policy.

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the MAC contractor this policy was developed in cooperation with advisory groups which include representatives from various specialties, and adapted for the purpose of converting to MAC jurisdiction.

**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
03/01/2010
Revision History Number
X
Revision History Explanation
07/30/2010 format correction, no change in content.

07/01/2010 ICD-9 codes 340, 342.10-342.12, 343.0-343.9, 344.00-344.5, 728.85 and 781.0 were added effective 04/15/2010.

3/7/2010 - The description for Bill Type Code 73 was changed

04/19/2010—In accordance with Section 911 of the Medicare Modernization Act of 2003, the states of American Somoa, California, Guam, Hawaii, Nevada and Northern Mariana Islands were removed from this LCD because claims processing for those states are transitioning from FI Contractor Wisconsin Physician Services (WPS - 52280) to MAC Part A Contractor Palmetto.

8/1/2010 - The description for Bill Type Code 11 was changed
8/1/2010 - The description for Bill Type Code 12 was changed
8/1/2010 - The description for Bill Type Code 13 was changed
8/1/2010 - The description for Bill Type Code 18 was changed
8/1/2010 - The description for Bill Type Code 21 was changed
8/1/2010 - The description for Bill Type Code 22 was changed
8/1/2010 - The description for Bill Type Code 23 was changed
8/1/2010 - The description for Bill Type Code 71 was changed
8/1/2010 - The description for Bill Type Code 73 was changed
8/1/2010 - The description for Bill Type Code 75 was changed
8/1/2010 - The description for Bill Type Code 83 was changed
8/1/2010 - The description for Bill Type Code 85 was changed
8/1/2010 - The description for Revenue code 0360 was changed
8/1/2010 - The description for Revenue code 0450 was changed
8/1/2010 - The description for Revenue code 0490 was changed
8/1/2010 - The description for Revenue code 0499 was changed
8/1/2010 - The description for Revenue code 0500 was changed
8/1/2010 - The description for Revenue code 0509 was changed
8/1/2010 - The description for Revenue code 0510 was changed
8/1/2010 - The description for Revenue code 0511 was changed
8/1/2010 - The description for Revenue code 0512 was changed
8/1/2010 - The description for Revenue code 0513 was changed
8/1/2010 - The description for Revenue code 0514 was changed
8/1/2010 - The description for Revenue code 0515 was changed
8/1/2010 - The description for Revenue code 0516 was changed
8/1/2010 - The description for Revenue code 0517 was changed
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8/1/2010 - The description for Revenue code 0528 was changed
8/1/2010 - The description for Revenue code 0529 was changed
8/1/2010 - The description for Revenue code 0761 was changed
8/1/2010 - The description for Revenue code 0960 was changed
8/1/2010 - The description for Revenue code 0961 was changed
8/1/2010 - The description for Revenue code 0962 was changed
8/1/2010 - The description for Revenue code 0963 was changed
8/1/2010 - The description for Revenue code 0964 was changed
8/1/2010 - The description for Revenue code 0969 was changed

09/06/2010 - This policy was updated by the ICD-9 2010-2011 Annual Update.

10/01/2010 ICD-9 code updates, codes 237.73, 237.79 added to range, code 724.03 added to range, description changed for code 724.02

10/18/2010 - In accordance with Section 911 of the Medicare Modernization Act of 2003, the states of Colorado, New Mexico, Oklahoma and Texas were removed from this LCD because claims processing for those states are transitioning from FI Wisconsin Physicians Service (52280) to MAC Part A Trailblazer (04901).

11/21/2010 - For the following CPT/HCPCS codes either the short description and/or the long description was changed. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document:

- 62318 descriptor was changed in Group 1
- 64479 descriptor was changed in Group 1
- 64480 descriptor was changed in Group 1
- 64483 descriptor was changed in Group 1
- 64484 descriptor was changed in Group 1
- 77003 descriptor was changed in Group 1

01/01/2011 CPT code updates, description change for codes 64479, 64480, 64483, 64484, and 77003.

02/21/2011 — In accordance with Section 911 of the Medicare Modernization Act of 2003, the states of Delaware, District of Columbia, Maryland, New Jersey and Pennsylvania were removed from this LCD because claims processing for these states are transitioning from FI Wisconsin Physician Service (WPS 52280) to MAC Part A contractor Highmark (12901).

08/27/2011 - This policy was updated by the ICD-9 2011-2012 Annual Update.

10/01/2011 ICD-9 code updates, added codes 173.00-173.99 to range and codes
808.44 and 808.54 to range, description change for codes 808.43 and 808.53.

11/21/2011 - For the following CPT/HCPCS codes either the short description and/or the long description was changed. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document:
- 62310 descriptor was changed in Group 1
- 62311 descriptor was changed in Group 1
- 62318 descriptor was changed in Group 1
- 62319 descriptor was changed in Group 1
- 64479 descriptor was changed in Group 1
- 64480 descriptor was changed in Group 1
- 64483 descriptor was changed in Group 1
- 64484 descriptor was changed in Group 1
- 77003 descriptor was changed in Group 1

01/01/2012 CPT 2012 code updates, description changed for codes 62310, 62311, 62318, 62319 and 77003.

**Reason for Change**

**Related Documents**
This LCD has no Related Documents.

**LCD Attachments**

**Coding and Billing** (PDF - 17 KB)

Updated on 12/20/2011 with effective dates 01/01/2012 - N/A
Updated on 11/21/2011 with effective dates 10/01/2011 - 12/31/2011
Updated on 09/22/2011 with effective dates 10/01/2011 - N/A
Updated on 02/10/2011 with effective dates 02/21/2011 - 09/30/2011
Updated on 12/16/2010 with effective dates 01/01/2011 - 02/20/2011
Updated on 11/21/2010 with effective dates 10/18/2010 - 12/31/2010
Updated on 10/06/2010 with effective dates 10/18/2010 - N/A
Updated on 10/04/2010 with effective dates 10/01/2010 - 10/17/2010
Updated on 09/16/2010 with effective dates 10/01/2010 - N/A
Updated on 08/01/2010 with effective dates 07/30/2010 - 09/30/2010
Updated on 08/01/2010 with effective dates 07/30/2010 - N/A
Updated on 07/30/2010 with effective dates 07/30/2010 - N/A
Updated on 06/24/2010 with effective dates 07/01/2010 - 07/29/2010
Updated on 04/14/2010 with effective dates 04/19/2010 - 06/30/2010
Updated on 03/07/2010 with effective dates 04/15/2010 - N/A
Updated on 02/11/2010 with effective dates 04/15/2010 - N/A

Read the **LCD Disclaimer**

**Coding Guideline**
**Contractor Name**
Wisconsin Physicians Service (WPS)
**LCD Database ID Number**
L30481
**LCD Title**
Epidural 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.

1. All procedures related to pain management procedures performed by the physician/provider performed on the same day must be billed on the same claim.

1. 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.

1. 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. Epidurography should not be billed when the contrast injection is part of the fluoroscopic guidance and contrast injection to confirm correct needle placement that is integral to the epidural, transforaminal and intrathecal injections addressed in the policy.

1. All the CPT codes applicable to this policy include allowance for the insertion of the needle into the epidural space, as well as the injection of the drug.

1. 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.
1. 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.

1. 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.

1. Only one (1) unit of service should be submitted for a transforaminal epidural injection for a unilateral or bilateral injection at the same level.

1. Whether a transforaminal epidural injection 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.

2. CPT codes 62310, 62311 should be used when the analgesia is delivered by a single injection.

1. 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.

1. 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.

1. 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.

1. When performed primarily for postoperative pain management 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).