

Local Coverage Determination (LCD): Lumbar Epidural Injections (L34982)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	01111 - MAC A	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	01112 - MAC B	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	01182 - MAC B	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	01211 - MAC A	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	01212 - MAC B	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	01311 - MAC A	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	01312 - MAC B	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	01911 - MAC A	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
				Nevada Northern Mariana Islands

LCD Information

Document Information

LCD ID

L34982

Original Effective Date

For services performed on or after 10/01/2015

LCD Title

Lumbar Epidural Injections

Revision Effective Date

For services performed on or after 10/01/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

N/A

Retirement Date

N/A

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Notice Period Start Date

N/A

Notice Period End Date

N/A

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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.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

The medical record must be made available to Medicare upon request.

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Sources of Information

References

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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.

Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R7	10/12/2020 At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage. Corrected the spelling of abnormalities in the Coverage Indications, Limitations and/or Medical Necessity section under "a. substantial imaging abnormalities such as a central disc herniation".	<ul style="list-style-type: none">• Typographical Error
10/01/2019	R6	10/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage. LCD was converted to the "no-codes" format.	<ul style="list-style-type: none">• Revisions Due To Code Removal

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2017	R5	04/10/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy. Addition of M48.061 ICD-10 Code effective 10/01/2017. This code was not added per the ICD 9 to ICD 10 Coding Translation for Spinal Stenosis.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2017	R4	<p>DATE (08/28/2017): At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Effective 10/1/2017, LCD is revised per the annual ICD-10-CM code update to:</p> <p>Add ICD-10 Code: M480.062</p> <p>Delete ICD-10 Code: M48.06</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
01/01/2017	R3	2017 CPT updates deleted 62311, 62319 effective 12/31/2016	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes
01/01/2017	R2	2017 CPT update to add 62322; 62323; 62326; 62327	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes
11/10/2016	R1	This final LCD, effective 10/01/2015, combines JEA L34981 into the JEB L34982 LCD so that both JEA and JEB contractor numbers will have the same final MCD LCD number L34982.	<ul style="list-style-type: none"> Creation of Uniform LCDs Within a MAC Jurisdiction

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

[A57202 - Billing and Coding: Lumbar Epidural Injections](#)

Related National Coverage Documents

N/A

Public Version(s)

[Updated on 09/20/2019 with effective dates 10/01/2019 - N/A](#)

[Updated on 04/11/2018 with effective dates 10/01/2017 - 09/30/2019](#)

[Updated on 08/29/2017 with effective dates 10/01/2017 - N/A](#)

[Updated on 11/23/2016 with effective dates 01/01/2017 - 09/30/2017](#)

[Updated on 11/23/2016 with effective dates 01/01/2017 - N/A](#)

[Updated on 11/03/2016 with effective dates 11/10/2016 - 12/31/2016](#)

[Updated on 03/31/2014 with effective dates 10/01/2015 - N/A](#)

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