PROVIDER Bulletin

KERN HEALTH SYSTEMS

December 2, 2025

Authorization Protocol for Epidural Steroid Injections

Dear Provider,

Please see attached Authorization Protocol for the Requirements for Epidural Steroid Injections. The protocol outlines the following:

1. Definitions
2. Covered Indications
3. Limitations and Exclusions
4. Documentation Requirements
5. Allowable CPT Codes

Provider Bulletins are available on the KHS website. Please visit the site regularly to stay informed about the latest updates and announcements.

If you have any additional questions, please contact your Provider Relations Representative at 1-800-391-2000, silent prompt option #5.

Sincerely,

James Winfrey
Deputy Director of Provider Network
Kern Health Systems

KERN HEALTH SYSTEMS

Authorization Protocol for Epidural Steroid Injections

Definitions:

Term	Definition
Caudal Epidural Steroid Injection (CESI)	An injection of contrast, (absent allergy to contrast), followed by the introduction of corticosteroids and possibly a local anesthetic into the epidural space of the spine by inserting a needle through the sacral hiatus under fluoroscopic guidance into the epidural space at the sacral canal
Interlaminar Epidural Steroid Injection (ILESI)	An injection of contrast, (absent allergy to contrast), followed by the introduction of a corticosteroid and possibly a local anesthetic into the epidural space of the spine either through a paramedian or midline interlaminar approach under fluoroscopic guidance.
Radicular Pain	Pain that radiates along the course of a spinal nerve root, typically resulting from compression, inflammation, and/or injury to the nerve root.
Radiculitis	Radicular pain without objective neurological findings on physical examination.
Radiculopathy	The presence of pain, dysaesthesia(s), or paraesthesia(s) reported by the individual in a level-specific referral pattern of an involved named spinal root(s), causing significant functional limitations resulting in diminished quality of life and impaired age-appropriate activities of daily living, and EITHER of the following: → Documentation of ONE or MORE of the following, concordant with nerve root compression of the involved named spinal root(s) demonstrated on a detailed neurologic examination within the prior three (3) months: ϒ Loss of strength of specific named muscle(s) or myotomal distribution(s) ϒ Altered sensation to light touch, pressure, pin prick or temperature ϒ Diminished, absent or asymmetric reflex(es) ❖ Documentation of EITHER of the following performed within the prior 24 months: ϒ A concordant radiologist's interpretation of an advanced diagnostic imaging study (MRI or CT) of the spine demonstrating compression of the involved named spinal nerve root(s) or foraminal stenosis at the concordant level(s) ϒ Electrodiagnostic studies (EMG/NCV's) diagnostic of nerve root compression of the involved named spinal nerve root(s).
Selective Nerve Root Block (SNRB)	A diagnostic injection of contrast (absent allergy to contrast) followed by the introduction of a local anesthetic to anesthetize a single specific spinal nerve root. This procedure is performed by inserting a needle into

Term	Definition
	the neuroforamen under fluoroscopic or computed tomography (CT) guidance. This procedure is often used to assist with surgical planning. ❖ Note: SNRBs are erroneously referred to as a Transforaminal Epidural Steroid Injection (TFESI), although technically SNRBs involve the introduction of anesthetic only and are used for diagnostic purposes. ❖ Note: Selective nerve root blocks (SNRBs) performed for the purpose of treating pain (i.e., repeat SNRB at the same level) may be termed therapeutic selective nerve root blocks. There is insufficient evidence to support the clinical utility of therapeutic selective nerve root bocks (SNRBs).
Session	A time period, which includes all procedures (i.e., medial branch block (MBB), intra-articular (IA) facet joint injection, and radiofrequency ablation (RFA)) performed on a single date of service.
Spinal Stenosis	The narrowing of the spinal canal usually due to spinal degeneration that occurs with aging. It may also be the result of spinal disc herniation, osteoarthritis or a tumor. ❖ Neurogenic Claudication: the clinical syndrome commonly associated with lumbar spinal stenosis. Symptoms of neurogenic claudication are described as leg pain, paresthesia, heaviness, or cramping brought on when walking and relieved when leaning forward or sitting down.
Transforaminal Epidural Steroid Injection (TFESI)	A therapeutic injection of contrast (absent allergy to contrast) performed at a single or multiple spinal levels followed by the introduction of a corticosteroid and possibly a local anesthetic by inserting a needle into the neuroforamen under fluoroscopic or computed tomography (CT) guidance.

Covered Indications:

1. Indications are met for epidural steroid injection as indicated by ONE of the following:
    A. For Initial (Diagnostic) injection(s) up to 2 injections, and ALL of the following are met:
        1. History, physical examination, and radiologic imaging supports ONE of the following:
            i. Cervical, thoracic, or lumbar radicular pain, radiculopathy, or neurogenic claudication (lumbar)
            ii. Post-surgical neck or back pain (e.g., post laminectomy syndrome) due to prior surgery (e.g., discectomy, laminectomy, or spinal fusion) and at least 6 months have elapsed since surgery
            iii. Acute pain associated with herpes zoster
        - Pain is affecting activity of daily living functional ability (>4 on the NRS Pain Rating Scale*)
        - Patients have tried and failed conservative therapy or conservative therapy is contraindicated, as demonstrated by ONE of the following:
            i. Failure of conservative therapy (e.g., for the current episode of pain) that includes ALL of the following:
                a. Physical therapy (PT) for a minimum of 4 weeks (3-4x per week for a total of 12 sessions)
                b. Activity modification for a minimum of 6 weeks
                c. Drug therapy (e.g., NSAIDS, muscle relaxants, corticosteroids, antidepressants, anticonvulsants, and/or opiates).
            ii. Cervical, thoracic, or lumbar radicular pain with demonstrable correlation on physical exam and/or imaging that precludes the above requirement for therapy (e.g., acute proven disc herniation with radiculitis and disabling pain, worsening pain with physical therapy). There must be documentation submitted that explains why any of the above conservative therapy is contraindicated.
            iii. Herpes zoster associated pain which has failed conservative measures and a waiting period is not appropriate.

    B. For Repeat (Therapeutic) injection(s), the diagnostic or last therapeutic injection for the current episode of pain provided significant functional pain relief of at least 50% measured by a significant decrease in pain level, decrease in pain medications, and/or increase in physical function maintained for at least 6 weeks.

***** ***The Numeric Rating Scale (NRS-11): Rating Pain Level***

0 – No Pain
1 – 3: Mild Pain (nagging, annoying, interfering little with ADLs)
4 – 6: Moderate Pain (interferes significantly with ADLs)
7 – 10: Severe Pain (disabling; unable to perform ADLs)

2. Frequency and location of injection(s) are appropriate, as indicated by ALL of the following:
   A. Within acceptable limits for frequency of injections as indicated by ONE of the following:
      1. **Initial (Diagnostic) injection(s)**: 2 injections per region maximum with procedures at least 2 weeks apart.
      2. **Repeat injection(s)**: No more than 4 injections total per region (cervical/thoracic or lumbar) per rolling 12-month period, inclusive of any diagnostic injections. Note: cervical and thoracic regions are considered as one region for purposes of this limitation.

   B. Number of injection(s) is appropriate, as indicated by ONE of the following:
      - Transforaminal injection(s): no more than two transforaminal injections may be performed per session** (i.e., single level bilaterally or two levels unilaterally.
      - Caudal or interlaminar injection: no more than one caudal or interlaminar injection per session** and not in conjunction with a transforaminal injection. (It is not reasonable and necessary to perform caudal or interlaminar injections bilaterally.)

   **** A session is defined as**: all injection procedures performed on one day.

   C. Diagnostic selective nerve root block (SNRB) may be considered medically necessary in the evaluation and diagnostic work-up of radicular pain when ONE of the following criteria are met:
      1. When physical signs and symptoms differ from that found on imaging studies
      2. When there is clinical evidence of multi-level nerve root pathology and the treatment plan requires isolating the pain source(s)
      3. When the individual has had previous spinal surgery
      4. For surgical planning.

Limitations and Exclusions:

1. Epidural Steroid Injections (ESIs) are considered not medically necessary and may not be authorized for any of the following conditions:
   - For non-radicular back pain.
   - ESI used for treatment of non-radicular spinal pain or myofascial pain syndrome.
   - Repeat ESI (after the initial one or two diagnostic ESI) performed more frequently than once every two to three months.

- A planned series of ESI without evaluation of response to each injection (e.g., series of three injections).
- No more than one SNRB at a single level is considered medically necessary, unless the first SNRB was non-diagnostic.
- SNRB performed at separate levels when multi-level nerve root pathology is suspected should not be performed within two weeks of a prior injection.
- No more than 6 SNRBs should be performed in a 12-month period of time, regardless of the number of levels involved.
    i. Frequent continuation of epidural steroid injections over 12 months may trigger a focused medical review.
    ii. Use beyond 12 months requires the following:
        1. Pain is severe enough to cause a significant degree of functional disability or vocational disability.
        2. ESI provides at least 50% sustained improvement of pain and/or 50% objective improvement in function (using same scale as baseline).
        3. Rationale for the continuation of ESIs including but not limited to patient is high-risk surgical candidates, the patient does not desire surgery, recurrence of pain in the same location relieved with ESIs for at least 3 months
        4. The primary care provider must be notified regarding continuation of procedures and prolonged repeat steroid use.
- SNRBs are considered not medically necessary for any other indication because effectiveness has not been established.

2. The following are considered contradictions to the procedures:
    - Spinal neoplasm, rapidly progressing neurological deficit, or epidural abscess, cauda equina syndrome, spinal cord compression
    - Known allergies to contrast agents, local anesthetics, or corticosteroids
    - History of bleeding disorders or current use of medications that may increase the risk of bleeding should be evaluated for potential exclusion
    - Active infection locally or systemically, spinal stenosis resulting in intraspinal obstruction, or previous fusion at the indicated spinal level
    - No epidural space, an altered epidural space as a result of previous surgery, spinal compression, or congenital anatomic anomalies
    - Co-morbidities that can be exacerbated by steroid use such as severe congestive heart failure, uncontrolled diabetes, and poorly controlled hypertension and other unstable medical conditions
    - Fluoroscopy uses in pregnant women.

Documentation Requirements:

1. KHS as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service.

Allowable CPT Codes:

CPT Codes	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 (i.e., 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 (i.e., fluoroscopy or CT)
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance.
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT)
64479	Injection(s), anesthetic agent/or steroid, transforaminal epidural: cervical or thoracic single level

CPT Codes	Description
64480	Injection(s), anesthetic agent/or steroid, transforaminal epidural: cervical or thoracic each additional level (list separately in addition to code for primary procedure.
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure.
64999	Unlisted procedure nervous system.

Evidence Based Criteria Sets:

1. CMS Local Coverage Determination (LCD) 39240 Epidural Steroid Injections for Pain Management- Revised 09/11/2025 https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39240
2. MCG Ambulatory Care 29th Edition: Epidural Corticosteroid Injection ACG: A-0225 (AC)
3. Epidural Interventions in the Management of Chronic Spinal Pain: American Society of Interventional Pain Physicians (ASIPP) Comprehensive Evidence-Based Guidelines
4. Hayes. Evolving Evidence Review: Epidural steroid injections for treatment of thoracic spine pain. Available from Hayes. Published June 30, 2020. Updated July 23, 2021.

Peer Review References:

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12. Ökmen K. Ökmen BM. The efficacy of interlaminar epidural steroid administration in multilevel intervertebral disc disease with chronic low back pain: A randomized, blinded, prospective Study. Spine J. 2016 Aug 20.North American Spine Society (NASS). NASS Coverage Policy Recommendation. Cervical Epidural Injections and Diagnostic Spinal Nerve Blocks. Lumbar Epidural Injections. Copyright © 2016 North American Spine Society.