

# Epidural Steroid Injections (for Louisiana Only)

Policy Number: CS039LA1.A  
Effective Date: April 1, 2021

[Instructions for Use](#)

Content mandated by Louisiana Department of Health

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## Application

This Medical Policy only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with State requirements.

## Coverage Rationale

### Pain Management

Epidurals that are administered for the prevention or control of acute pain, such as that which occurs during delivery or surgery, are covered by the Professional Services Program for this purpose only.

Epidurals given to alleviate chronic, intractable pain are not covered.

If a recipient requests treatment for chronic intractable pain, the provider may submit a claim for the initial office visit. Subsequent services that are provided for the treatment or management of this chronic pain are not covered and are billable to the recipient. Claims paid inappropriately are subject to recoupment.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| CPT Code | Description  |
|----------|--|
| 62322    | Injection(s), of diagnostic or therapeutic substance(s) (e.g., 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) (e.g., 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) |

| CPT Code | Description   |
|----------|---|
| 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) |

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## References

Louisiana Department of Health: Professional Services Provider Manual, Section 5.1 – Pain Management of the Medicaid Services Manual: <https://www.lamedicaid.com/provweb1/providermanuals/manuals/PS/PS.pdf>. Accessed March 2, 2021.

## Policy History/Revision Information

| Date       | Summary of Changes  |
|------------|---|
| 04/01/2021 | <ul style="list-style-type: none"> <li>Created state-specific policy version for content addressed in the <i>Louisiana Department of Health: Professional Services Provider Manual</i></li> </ul> |

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.