American Society *of* Interventional Pain Physicians®
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RE: United Healthcare latest policy on epidural steroid injections for spinal pain

Dear Mr. McMahon and Dr. Docimo:

Thank you for your response dated April 29, 2021, to our correspondence dated January 29, 2021. As you have indicated, the policy appears to have been revised; however, some of the issues continue to remain and in addition, there are some new concerns.

The major issues are as described earlier:

- The limiting of a maximum of 3 epidural injection sessions per region, regardless of level location or side in a year when criteria for coverage are met for each injection.

- Lack of consistency with statement that the use of ultrasound guidance for ESIs and facet joint injections are unproven and not medically necessary, due to insufficient evidence of efficacy, even though this policy does not include facet joint injections or interventions.

  However, the policy also quotes blind epidural injection codes without imaging guidance, namely CPT 62320 and CPT 62322, both indicate epidural injections, either cervical or thoracic spine, interlaminar epidural injections either in cervical or thoracic spine, and lumbar or sacral spine.

- The third issue is related to omission of appropriate ICD-10 codes for coverage purposes, even though there are numerous codes which are irrelevant and never used in practice and do not meet your criteria for coverage.

Again, we would like to thank you on behalf of the American Society of Interventional Pain Physicians (ASIPP), 50 state societies, and the Puerto Rico Society of Interventional Pain Physicians, as well as the entire membership of ASIPP.

Interventional pain management is defined as the discipline of medicine devoted to the diagnosis and treatment of pain related disorders principally with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatment. (The National Uniform Claims Committee. Specialty Designation for Interventional Pain Management- 09, www.cms.hhs.gov/transmittals/Downloads/r1779b3.pdf).

Interventional pain management techniques are minimally invasive procedures including, percutaneous precision needle placement, with placement of drugs in targeted areas or ablation of targeted nerves; and some surgical techniques such as laser or endoscopic diskectomy, intrathecal infusion pumps and spinal cord stimulators, for the diagnosis and management of chronic, persistent or intractable pain (Medicare Payment Advisory Commission. Report to the Congress: Paying for interventional pain services in ambulatory settings. Washington, DC: MedPAC. December. 2001. http://www.medpac.gov/documents/reports/december-2001-report-to-the-congress-paying-for-interventional-pain-services-in-ambulatory-settings.pdf?sfvrsn=0

LIMITATION OF MAXIMUM OF 3 EPIDURAL SESSION PER YEAR

As we have discussed in the past, the limitation may not be appropriate considering the available literature and guidance. In fact, ASIPP guidelines show as you quoted in the policy that 2 epidural injections, at least one-month apart in the diagnostic phase, followed by rolling year therapeutic phase with 4 epidural sessions per year, per region with relief documented for 2½ to 3 months in the therapeutic phase is medically necessary and indicated.

The extensive evidence has been shown in ASIPP guidelines as you have already included in the clinical evidence section.

We request that your policy reflect the evidenced based guidelines you quote and reference as basis for your formula and change your policy to read***: 2 epidural injections, at least one-month apart in the diagnostic phase, followed by rolling year therapeutic phase with 4 epidural sessions per year, per region with relief documented for 2½ to 3 months in the therapeutic phase is medically necessary and indicated.***

BLIND EPIDURAL INJECTIONS

As state earlier, you have included blind epidural codes for CPT 62320 and CPT 62322, yet, you also have included that the use of ultrasound guidance for ESIs is unproven and not medically necessary due to insufficient evidence of efficacy.

If these codes are not covered, maybe it would be best to avoid confusion to be taken out from applicable codes.

DIAGNOSIS CODE

This section is very extensive with inclusion of many codes; however, missing many relevant and important codes. Under this section, you have classified them as all regions, cervical/thoracic, lumbar/sacral, with listing of numerous codes.

ALL REGIONS

In this section, Codes E08.41 to G90.59 are appropriate to be included. However, other codes from M43.00 to M48.00 are irrelevant and unnecessary with causation of confusion and do not include your criteria for medical necessity.

Please add codes related to epidural injections:

G90.511 Complex regional pain syndrome I of right upper limb

G90.512 Complex regional pain syndrome I of left upper limb
G90.513 Complex regional pain syndrome I, bilateral upper limbs
G90.521 Complex regional pain syndrome I of right lower limb
G90.522 Complex regional pain syndrome I of left lower limb
G90.523 Complex regional pain syndrome I, bilateral lower limb
G90.59 Complex regional pain syndrome I of other specified site
G90.50 Complex regional pain syndrome I, unspecified
G56.41 Causalgia of right upper limb
G56.42 Causalgia of left upper limb
G56.43 Causalgia of bilateral upper limbs
G57.71 Causalgia of right lower limb
G57.72 Causalgia of left lower limb
G57.73 Causalgia of bilateral lower limbs
G54.6 Phantom limb syndrome with pain
G54.7 Phantom limb syndrome without pain
B02.22 Postherpetic trigeminal neuralgia

The next 2 codes in all regions M51.15 and M51.35 may be moved to cervical/thoracic section. However, M51.9 may be removed. Further, M96.1 – post laminectomy syndrome, not elsewhere classified must be included in cervical/thoracic and lumbar/sacral sections.

CERVICAL/THORACIC
CPT codes M43.01 to M43.14 do not reflect the codes utilized for epidural injections.

M51.14 to M54.15 are appropriate to be included in this region.

M99.27 to S24.2XXA encompassing the remaining entire section of cervical/thoracic are inappropriate. In contrast, the appropriate codes are as follows:

M51.34 - Other intervertebral disc degeneration, thoracic region and M51.35 - Other intervertebral disc degeneration, thoracolumbar region are already listed; however, in separate sections. These must be transferred to cervical/thoracic.

M51.14 - Intervertebral disc disorders with radiculopathy, thoracic region and M51.15 - Intervertebral disc disorders with radiculopathy, thoracolumbar region are listed in separate sections are appropriate and must be kept.

M54.14 - Radiculopathy, thoracic region and M54.15 - Radiculopathy, thoracolumbar region are appropriate and must be kept.

For thoracic regions, other indications are G58.0 - Intercostal neuropathy and G54.8 - Other nerve root and plexus disorder

This section is inadequate. Consequently, as per our application, for cervical and thoracic regions, the codes are as follows:

CERVICAL
M50.11 Cervical disc disorder with radiculopathy, high cervical region
M50.121 Cervical disc disorder at C4-C5 level with radiculopathy
M50.122 Cervical disc disorder at C5-C6 level with radiculopathy
M50.123 Cervical disc disorder at C6-C7 level with radiculopathy

M50.13 Cervical disc disorder with radiculopathy, cervicothoracic region
M50.21 Other cervical disc displacement, high cervical region
M50.221 Other cervical disc displacement at C4-C5 level
M50.222 Other cervical disc displacement at C5-C6 level
M50.223 Other cervical disc displacement at C6-C7 level
M50.23 Other cervical disc displacement, cervicothoracic region
M54.12 Radiculopathy, cervical region
M54.13 Radiculopathy, cervicothoracic region
M48.02 Spinal stenosis, cervical region
M48.03 Spinal stenosis, cervicothoracic region
M99.21 Subluxation stenosis of neural canal of cervical region
M99.31 Osseous stenosis of neural canal of cervical region
M99.41 Connective tissue stenosis of neural canal of cervical region
M99.51 Intervertebral disc stenosis of neural canal of cervical region
M99.61 Osseous and subluxation stenosis of intervertebral foramina of cervical region
M99.71 Connective tissue and disc stenosis of intervertebral foramina of cervical region
M50.31 Other cervical disc degeneration, high cervical region
M50.321 Other cervical disc degeneration at C4-C5 level
M50.322 Other cervical disc degeneration at C5-C6 level
M50.323 Other cervical disc degeneration at C6-C7 level
M50.33 Other cervical disc degeneration, cervicothoracic region
M43.02 Spondylolysis, cervical region
M43.03 Spondylolysis, cervicothoracic region
M43.12 Spondylolisthesis, cervical region
M43.13 Spondylolisthesis, cervicothoracic region
Q76.2 Congenital spondylolysis and spondylolisthesis
M47.12 Other spondylosis with myelopathy, cervical region
M47.13 Other spondylosis with myelopathy, cervicothoracic region
M96.1 Postlaminectomy syndrome, not elsewhere classified
G96.12 Epidural fibrosis

THORACIC
M51.14 Intervertebral disc disorders with radiculopathy, thoracic region
M51.15 Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.24 Other intervertebral disc displacement, thoracic region
M51.25 Other intervertebral disc displacement, thoracolumbar region
M54.14 Radiculopathy, thoracic region
M54.15 Radiculopathy, thoracolumbar region
M48.04 Spinal stenosis, thoracic region
M48.05 Spinal stenosis, thoracolumbar region
M99.22 Subluxation stenosis of neural canal of thoracic region
M99.32 Osseous stenosis of neural canal of thoracic region
M99.42 Connective tissue stenosis of neural canal of thoracic region
M99.52 Intervertebral disc stenosis of neural canal of thoracic region
M99.62 Osseous and subluxation stenosis of intervertebral foramina of thoracic region
M99.72 Connective tissue and disc stenosis of intervertebral foramina of thoracic region
M51.34 Other thoracic disc degeneration, thoracic region
M51.35 Other thoracic disc degeneration, thoracolumbar region
M43.04 Spondylolysis, thoracic region
M43.05 Spondylolysis, thoracolumbar region
M43.14 Spondylolisthesis, thoracic region

M43.15 Spondylolisthesis, thoracolumbar region
Q76.2 Congenital spondylolysis and spondylolisthesis
M47.14 , Other spondylosis with myelopathy, thoracic region
M47.15 Other spondylosis with myelopathy, thoracolumbar region
M96.1 Postlaminectomy syndrome, not elsewhere classified
G96.12 Epidural fibrosis
G54.8 Other nerve root and plexus disorder
G58.0 Intercostal neuropathy

LUMBAR/SACRAL
Lumbosacral region codes are also many with some not covered by your projected indications. However, if United Healthcare is willing to cover these, it would be appropriate. Consequently, listed codes G54.1 to G90.59 are appropriate even though some of them are listed in other regions. However, M43.06 to M47.898 are inappropriate and may be deleted.

Subsequently, M48.061 to M51.47 are appropriate.

Codes M53.2X7 to M53.88 may not be appropriate.

M54.16 to M99.74 are appropriate.

The remaining codes from M99.75 to S74.02XA may be deleted.

To simplify, please consider the following presentation:

LUMBAR
M51.16 Intervertebral disc disorders with radiculopathy, lumbar region
M51.17 Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.26 Other intervertebral disc displacement, lumbar region
M51.27 Other intervertebral disc displacement, lumbosacral region
M54.16 Radiculopathy, lumbar region
M54.17 Radiculopathy, lumbosacral region
M48.062-Spinal stenosis, lumbar region with neurogenic claudication
M48.07 Spinal stenosis, lumbosacral region
M99.23 Subluxation stenosis of lumbar region
M99.33 Osseous stenosis of neural canal of lumbar region
M99.43 Connective tissue stenosis of neural canal of lumbar region
M99.53 Intervertebral disc stenosis of neural canal of lumbar region
M99.63 Osseous and sub-luxation stenosis of intervertebral foramina of lumbar region
M99.73 Connective tissue and disc stenosis of intervertebral foramina of lumbar region
M51.36 Other intervertebral disc degeneration, lumbar region
M51.37 Other intervertebral disc degeneration, lumbosacral region
M43.06 Spondylolysis, lumbar region
M43.07 Spondylolysis, lumbosacral region
M43.16 Spondylolisthesis, lumbar region
M43.17 Spondylolisthesis, lumbosacral region
Q76.2 - Congenital spondylolisthesis
M47.16 Other spondylosis with myelopathy, lumbar region
M96.1 Postlaminectomy syndrome, not elsewhere classified
G96.12 Epidural fibrosis

Once again, thank you for your consideration of our requested change. It is crucial that United Healthcare being the largest insurer in the United States provide appropriate indications and medical necessity and also provide medically necessary services.

At American Society of Interventional Pain Physicians (ASIPP) we agree with the philosophy of overuse and abuse leading to fraud and through education and guidance, we are thriving to avoid.

If you have any questions, please feel free to contact us.

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