

**EPIDURAL STEROID INJECTIONS FOR PAIN MANAGEMENT (LCD 39242)**

**The attached checklist is intended to assist staff when scheduling and/or requesting medical records. It should not be considered a coding policy. The attached checklist is effective for DOS on or after 6/19/2022.**

**COVERED INDICATIONS:**

1. Epidural steroid injections (ESI) must meet the following requirements:
* History, physical examination AND imaging supporting **1** of the following;
	+ Radicular pain and/or neurogenic claudication due to disc herniation, osteophytes, severe degenerative disc disease producing foraminal or central spine stenosis **OR**
	+ Post laminectomy syndrome **OR**
	+ Acute herpes zoster (shingles) associated pain **AND**
* Radicular pain and/or neurogenic claudication is severe enough to greatly impact quality of life or function. An objective pain scale or functional assessment must be performed at baseline (prior to any intervention). The ***same*** scale must be repeated at each follow-up AND
* Pain duration must be at least 4 weeks, AND the inability to tolerate non-invasive conservative care, or documentation of failure to respond to 4 weeks of noninvasive care **OR** acute herpes zoster refractory to conservative management where a 4-week wait is not required.
1. Repeat ESI require medical record documentation of at least 50% sustained improvement in pain relief and/or improvement in function using the **same** scale as the initial assessment. If the patient failed to respond well to the initial treatment, a repeat ESI after 14 days can be done. The medical record documentation must include the rationale and necessity for the second ESI.
2. The scales used to measure pain and/or disability must be documented in the medical record.