

Epidural Steroid for Pain Management

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Molina Healthcare's reimbursement policy for epidural steroid injections for pain management derive from the following CMS guidance: [Article - Billing and Coding: Epidural Steroid Injections for Pain Management \(A58777\) \(cms.gov\)](#); [Article - Billing and Coding: Epidural Steroid Injections for Pain Management \(A56681\) \(cms.gov\)](#)

These Local Coverage Determinations aid to ensure correct billing and coding of services to avoid payment interruptions for services rendered. Please adhere to the following to avoid denial or recovery of payments:

- Only a single (1) spinal region may be treated per session/date of service.
- Only two (2) levels per session will be allowed for CPT codes 64479, 64480, 64483 and 64484. (2 unilateral or 2 bilateral levels; 64480 should be reported with 64479 and 64484 with 64483.
- CPT codes 62321 and 62323 may only be reported for 1 level per session/date of service.
- No more than 4 epidural injection sessions (CPT codes 62321, 62323, 64479, 64480, 64483, or 64484) may be reported per spinal region in a rolling 12-month period, regardless of the number of levels involved.

(Any exceptions to these rules can be found in referenced CMS guidelines.)

Reimbursement Guidelines

Molina Healthcare retains the authority to deny, review, audit, and recoup claims based on medical necessity as outlined in the above policy.

Supplemental Information

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that

	administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.
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State Exceptions

State	Exception
TX	<p>Epidural and subarachnoid infusion for pain management is payable for acute, chronic, and postoperative pain management.</p> <p>Procedure code 01996 is limited to once per day and is denied when billed on the same day as a surgical/ anesthesia procedure. Procedure code 01996 billed longer than 30 days requires medical necessity documentation. Cancer diagnoses are excluded from the 30-day limitation.</p> <p>Procedure code 01996 is payable to CRNAs and physicians.</p>

Documentation History

Type	Date	Action
Initial Creation Date	05/02/2024	New Policy
Revised Date	02/19/2024	Added TX state exception
Revised Date	08/08/2025	Updated Template

References

References This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
Billing and Coding: Epidural Steroid Injections for Pain Management, Article ID 58777	Article - Billing and Coding: Epidural Steroid Injections for Pain Management (A58777)
Billing and Coding: Epidural Steroid Injections for Pain Management, Article ID 56681	Article - Billing and Coding: Epidural Steroid Injections for Pain Management (A56681)
Texas Medicaid Provider Procedures Manual, February 2025, Volumes 1 & 2, Section 9.2.53.2 – Epidural and Subarachnoid Infusion (Not Including Labor and Delivery)	TMPPM.book – p. 175

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and



descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.