



Subject: Epidural Injections*

Effective Date: July 31, 2007

Department (s): Utilization Management

Policy: Epidural Injections are reimbursable under plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement for the administration of epidural injections and to delineate criteria of medical necessity.

Procedure:

A. Epidural injections of corticosteroids under fluoroscopic guidance with or without anesthetic agents for the cervical and lumbar spine (**CPT 62310, 62311, 62321, 63223, 64479, 64480, 64483, 64484**) will be reimbursed when the following criteria are met:

1. Intraspinous tumor or other space-occupying lesion, for non-spinal origin for pain, has been ruled out as the cause of suspected radiculopathy pain;

AND

2. Member's neck or back radicular pain has failed to improve after four weeks of conservative measures including but not limited to rest, systemic analgesics, muscle relaxants, home exercise and/or physical therapy

AND

3. Epidural injections are provided as part of a comprehensive pain management program, which includes physical therapy or home exercise program, patient education, psychosocial support, and oral medications, where appropriate.

AND

4. For transforaminal epidural injections, no more than two(2) nerve root levels should be injected during the same session/procedure.
- B. Epidural injections of corticosteroid preparations, with or without added anesthetic agents, are not reimbursable for all other indications, including when given with ultrasound guidance (**CPT 0228T-0231T**) for any indication, as they are considered experimental, investigational or unproven for these other indications.
 - C. One epidural injection is considered medically necessary to diagnose a member's pain and achieve a therapeutic effect; if the member experiences no pain relief after the first epidural injections, additional epidural injections in the same region are not considered medically necessary.
 - D. Repeat epidural steroid injection in the same region is considered medically necessary if there is a therapeutic response with $\geq 50\%$ pain relief, improved level of function or reduced use of pain medication for the two weeks after the injection, to a maximum of 3 injections per episode of pain and 4 injections per region per year. Cervical and thoracic are considered as one region and lumbar and sacral are considered as one region.
 - E. Injectable agents and applicable HCPCS codes covered by this policy include but are not limited to the following:
 - i. Methylprednisolone (**J1020, J1030, J1040**)
 - ii. Local anesthetics (**J0670, J2001, J2795, S0020**)
 - F. Imaging studies needed for needle or catheter placement and applicable CPT codes include but are not limited to the following:
 - i. Epidurography (**72275**)

ii. Fluoroscopic guidance and localization of needle or catheter tip (77003)

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.