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 with or without anesthetic agents (CPT 62310, 62311, 64479, 64480, 64483, 64484) will be reimbursed when the following criteria are met:

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

   AND

2. Member’s neck or back pain has failed to improve after two or more weeks of conservative measures including but not limited to rest, systemic analgesics and/or physical therapy

   AND

3. Epidural injections beyond the first set of three injections are provided as part of a comprehensive pain management program, which includes
physical therapy, patient education, psychosocial support, and oral medications, where appropriate.

B. Epidural injections of corticosteroid preparations, with or without added anesthetic agents, are not reimbursable for all other indications as they are considered experimental, investigational or unproven for these other indications.

C. Repeat epidural injections beyond the first set of three are considered medically necessary when provided as part of a comprehensive pain management program, which includes physical therapy, patient education, psychosocial support, and oral medications, where appropriate.

D. Repeat epidural injections more frequently than every 7 days are not considered medically necessary.

E. Up to three epidural injections are considered medically necessary to diagnose a member's pain and achieve a therapeutic effect; if the member experiences no pain relief after three epidural injections, additional epidural injections are not considered medically necessary.

F. If there is a therapeutic response with \( \geq 50\% \) pain relief reported and additional epidural injections in the same region are requested a minimum of 6 weeks after the last injection, an additional 3 injections at minimum 2 month intervals can be approved, with a maximum of 6 injections per region per year. Cervical and thoracic are considered as one region and lumbar and sacral are considered as one region.

G. 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)

H. Imaging studies needed for needle or catheter placement and applicable CPT codes include but are not limited to the following:
   i. Epidurography (72275)

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

References:


*Drafted By: Mark S. Cukierman, M.D.*  
*Approved By/Date: QM Committee/07/27/07*  
*Revised By/Date: BFisher, MD 04/29/09*  
*Approved By/Date: QM Committee 07/28/09*  
*Revised By/Date: MMcNeil, MD 04/30/14*  
*Approved By/Date: QM Committee 5/13/14*

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