

## Epidural Injection

<b>Policy Number</b>	EPI08222012RP	<b>Approved By</b>	UnitedHealthcare Medicare Reimbursement Policy Committee	<b>Current Approval Date</b>	10/08/2014
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### IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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### Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the

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provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

### Summary

#### Overview

The physician injects an anesthetic agent and/or a long-acting corticosteroid into the area between the protective covering of the spinal cord (dura) and the bony vertebrae of the cervical or thoracic spine. Nerve roots enter the body after exiting the spinal canal through tiny openings between the vertebrae (foraminae). Using ultrasound guidance, the physician injects the appropriate substance between the foraminae into the area around a selected nerve root.

#### Reimbursement Guidelines

The following list of examples is not all inclusive of the indications for injections of the spinal canal.

1. Intervertebral disc disease (with neuritis, radiculitis, sciatica) with or without myelopathy;
2. Complex regional pain syndrome;
3. Post herpetic neuralgia;
4. Traumatic neuropathy of the spinal nerve roots;
5. Postlaminectomy syndrome (failed back syndrome);
6. Chronic severe pain due to carcinoma;
7. Acute and chronic postoperative pain;
8. Chronic upper and lower extremity radicular symptoms (i.e. spinal stenosis).

Prior to any interventional pain procedure and regardless of the longevity of pain (i.e. acute, subacute, chronic, etc.), a patient must have failed to respond to conservative management. Examples of conservative management include physical therapy modalities, chiropractic manipulation, and medication management. The fact that a patient has chronic pain does not preclude the option of a retrial of conservative management at some point during their care. Although conservative management should be attempted, this requirement may be waived for the infrequent patient who is unable to tolerate it.

The use of fluoroscopic or computed tomographic (CT) guidance is required when performing injections of the spinal canal. Transforaminal epidural injections with ultrasound guidance (CPT codes 0228T - 0231T) will be denied as investigational.

#### CPT/HCPCS Codes

Code	Description
0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level
0229T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level
0231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)

#### References Included (but not limited to):

##### CMS LCD(s)

Numerous LCDs

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**CMS Article(s)**

Numerous Articles

**UnitedHealthcare Medicare Advantage Coverage Summaries**

Pain Management and Pain Rehabilitation

Spine Procedures

**UnitedHealthcare Medical Policies**

Epidural Steroid and Facet Injections for Spinal Pain

**MLN Matters**

Article SE1102, Inappropriate Medicare Payments for Transforaminal Epidural Injection Services

**History**

Date	Revisions
10/08/2014	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Administrative updates</li> </ul>
10/09/2013	Re-review presented to MRPC for approval
10/10/2012	Reimbursement Policy presented to MRP Committee and approved as presented
08/10/2012	Reimbursement Policy Created