

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 1.3
TITLE: EPIDURAL NARCOTICS/STEROIDS

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2)

I. EFFECTIVE DATE

- A. August 31, 1987
- B. December 21, 1992, off labeled use for Epidural Steroid Injection
- C. December 1, 1998, continuous epidural analgesia for labor and delivery analgesia

II. PROCEDURE CODE(S)

01996, 62281-62282, 62310-62319, 64479-64484, 76005

III. DESCRIPTION

- A. Epidural narcotics are used to effect regional anesthesia or analgesia by blocking spinal nerves as they pass through the epidural space.
- B. Epidural steroid injection is used to decrease any swelling or disc bulging and provide pain relief. Patients with chronic radicular pain, acute herniated disc (not extruded), and chronic low back pain with a poor response to other treatments are good candidates for this treatment.

IV. POLICY

- A. Epidural Narcotics.
 - 1. The use of epidural narcotics is considered generally accepted medical practice under the following circumstances:
 - a. as regional anesthesia for surgery, including as adjunct anesthetic for labor and delivery,
 - b. as regional analgesia for acute postoperative pain in the immediate postoperative period, and

- c. as regional analgesia for intractable chronic pain:
 - (1) systemic narcotic therapy does not adequately control pain, or
 - (2) systemic narcotic therapy causes negative side effects such as excessive sedation or respiratory depression.

B. Epidural Steroids.

- 1. Benefits are authorized for a series of up to two epidural injections of corticosteroids within a six-month period.
- 2. Epidural steroid injections may be cost shared when administered:
 - a. for treatment of nerve root entrapment and irritation secondary to diskogenic disease, after failure of other conservative treatment,
 - b. for chronic cervical radicular pain, and
 - c. to avoid surgical intervention.
- 3. Epidural steroid injections beyond the initial two injections may be cost shared if determined to be medically necessary. Drugs used must be FDA approved.

V. POLICY CONSIDERATIONS

A. Surgical anesthesia. Use of epidural narcotics as primary or adjunct regional anesthesia for surgical procedures, including cesarean section, is subject to the anesthesia reimbursement policy (see [Chapter 3, Section 10.1, Anesthesia](#)).

B. Labor and delivery analgesia. Reimbursement for the attending physician is limited to base units only and no reimbursement is to be made for time units billed since the attending physician is present and performing other services for which he/she is paid. Reimbursement for anesthesiologists and Certified Registered Nurse Anesthetists (CRNAs) will remain subject to the reimbursement guidelines established under the anesthesia reimbursement policy (see [Chapter 3, Section 10.1, Anesthesia](#)).

C. Postoperative analgesia. A separate charge is allowable for CPT code 62310 or 62319 on the day of surgery along with a daily management charge (CPT code 01996) paid up to 3 days following the day of surgery (not the day of surgery). Additional management services must be submitted for medical review prior to payment.

D. Cancer related chronic pain analgesia.

1. Inpatient care. No separate charge is allowable for analgesia monitoring, as it is an element of routine nursing care and professional institutional visit.

2. Outpatient care (see [Chapter 2, Section 29.17](#), *Evaluation and Management Services (Office Visits) With Surgery*).

E. Chronic pain analgesia for conditions other than cancer. Regional analgesia for treatment of intractable pain secondary to conditions other than cancer may be considered for cost sharing when medical review determines the treatment to be medically necessary and generally accepted medical practice.

Note: The use of epidural narcotics for conditions other than cancer is restricted to inpatient settings and may be cost shared when systemic narcotics are ineffective.

F. Epidural steroid injection may be given using a variety of approaches to relieve pain around a compromised nerve root, including administration by lumbar and caudal routes.

G. When fluoroscopic guidance and localization for needle placement is used for epidural spinal injections to avoid potential injury, the CPT code 76005 is covered in addition to the injection.

H. Injection of contrast material is considered an inclusive component of CPT codes 64479-64484.

VI. EXCLUSIONS

Epidural steroid injection for thoracic pain.

END OF POLICY