

Payment Policy | Daily Management of Epidurals



EFFECTIVE DATE: 08|01|2005
POLICY LAST UPDATED: 04|15|2008

OVERVIEW

This reimbursement policy documents coverage for the daily management of epidurals

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Daily management of an IV-PCA is not separately reimbursed service for all products. The professional (physician) service is included in the reimbursement for daily medical visits or included in the reimbursement for an associated surgical procedure. Physicians should not bill IV-PCA as a separate procedure, nor should the physician bill for concurrent medical care or consultation (e.g., anesthesia and other specialties) when performed for IV-PCA.

Daily management of the epidural is a covered service for all product lines. Coverage is extended as follows:

- I. Daily hospital management of epidural drug administration (CPT code 01996) following the day of surgery (not the day of surgery).
- II. CPT code 01996 is submitted only once per day, for a maximum of up to three days following the day of surgery.

MEDICAL CRITERIA

Not Applicable

BACKGROUND

Daily management of epidural or subarachnoid drug administration involves the monitoring of a patient's epidural or subarachnoid catheter. It is similar to a physician's daily medical visit.

There are two types of patient-controlled anesthesia:

- I. Intravenous patient controlled analgesia (IV-PCA): with IV-PCA, the patient pushes a button and self-administers low doses of intravenous narcotic medication via a pump for the relief of pain. This type of control is generally used for post-operative purposes, but can also be used for hospitalized patients with other types of severe pain, as well as in the management of pain due to cancer.
- II. Patient-controlled epidural analgesia (epidural-PCA): with epidural-PCA, an epidural or intrathecal catheter is inserted, and local anesthetics or narcotics are used in conjunction with a pump to deliver small doses of the agent directly to the spinal nerves. Because of the low doses needed to obtain pain relief, side effects such as nausea, sedation, and respiratory depression can be minimized. This type of pain control is used extensively in obstetrical procedures and for lower body post-operative pain. It is also used in the pain management of terminal cancer patients and for chronic intractable pain of non-cancerous origin.

With both methods of pain control, the devices are programmed to limit the hourly dosage and intervals between doses to prevent overdosing.

COVERAGE

**BlueCHiP for Medicare |
Commercial |**

Benefits may vary. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable benefits/coverage.

CODING

CPT 01996

RELATED POLICIES

None

PUBLISHED

Provider Update	Jun 2008
Policy Update	Jun 2005

REFERENCES

Not applicable

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