

Epidural Injection

Description

The continuous infusion of an anesthetic substance into the epidural space in the spinal cord. This can be done to alleviate pain from childbirth. Epidural injections can also involve administration of steroids into the epidural space for pain control to alleviate back pain or a neurological condition that affects nerve roots, such as a herniated disk.

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- [Commercial](#)
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- [Individual and Family Business \(IFB\)](#)

Document history

The document history for the past 12 months is outlined below.

Date	Description
5.13.24	Refreshed due to age.
4.24.24	Updated to new template.

Commercial

Introduction This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).

Dean (DHP, Prevea360) Coverage depends on the date of service.

DOS	Coverage
Prior to 10.1.24	<ul style="list-style-type: none">Medical Policy, <i>Epidural Steroid Injection (ESI) and Selective Nerve Root Block (SNRB) (MP9362)</i>, applies.Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.Covered indications are listed under <i>Coverage Criteria</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.
After 10.1.24	<ul style="list-style-type: none">Requires prior authorization.See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.

Mayo Medical Plan (MMP) Quote surgical benefits. Include physician, hospital, and anesthesia benefits.

- Clinic POS:** Also quote office visit benefits when done in the clinic.
- Maternity Care:** Covered under hospital maternity benefits.

Medica (including MHPS) Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<ul style="list-style-type: none">Quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.Maternity Care: Covered under hospital maternity benefits.
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7.31.24	<i>Dean (DHP, Prevea360)</i> – Updated Carelon effective date.
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.
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Cost (Prime)	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Does NOT require prior authorization (PA) through Medica.• Follows Medicare guidelines.						
Med Advantage	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.
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Med Supp (Select, Signature)	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						
Medicaid	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.
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Individual and Family Business (IFB)

Introduction

This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.

Dean (DHP, Medica formerly WellFirst, Prevea360)	Coverage depends on the date of service.	
	DOS	Coverage
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Medica	Coverage depends on the date of service.	
	DOS	Coverage
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