



CLINICAL GUIDELINES

CMM-404: Epidurography

Version 1.0

Effective July 1, 2021



Definitions

Epidurography is radiography of the spine after a radiopaque medium has been injected into the epidural space. It is used as a diagnostic study to potentially find the source of pain in the spine that may not be evident on imaging studies (i.e., MRI/CT) and is designed to assist in making decisions for treatment of the patient. A separate report from another spinal procedure, such as an epidural steroid injection, is necessary. The report should include a formal radiologic report with all of the following:

- ◆ A diagnostic evaluation following the injection of contrast
- ◆ Permanent images in multiple planes of a specific anatomic region
- ◆ The degree of fluid flow (or lack thereof) in the epidural space with notation of scarring or nerve impingement or enlargement

Please note: An injection of contrast during an image guided epidural steroid injection is not an epidurogram.

General Guidelines

Epidurography (CPT®72275) includes fluoroscopic guidance, epidurogram, documentation of images, and a formal written report. These should not be submitted separately.

Indications

Epidurography for initial mapping of the epidural space is considered **medically necessary** when both of the following are met:

- Medical/surgical history suggests significantly abnormal anatomy of the epidural space
- Diagnostic mapping of anatomy of the epidural space beyond available CT or MRI imaging is required to plan a therapeutic procedure

Epidurography for subsequent mapping of the epidural space is considered **medically necessary** when all of the following are met:

- Medical/surgical history suggests significantly abnormal anatomy of the epidural space
- Diagnostic mapping of anatomy of the epidural space beyond available CT or MRI imaging is required to plan a therapeutic procedure
- Clinically significant change in anatomy since the initial procedure

Non-Indications

Epidurography for mapping of the epidural space is considered **not medically necessary** when used for determining needle placement during a procedure (e.g., epidural steroid injection).

Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required. Pre- authorization requirements vary by individual payor.

CPT®	Code Description/Definition
72275	Epidurography, radiological supervision and interpretation

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary's policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so.

Reference

1. Dorland's Medical Dictionary for Health Consumers. © 2007 by Saunders, an imprint of Elsevier, Inc.
2. National Government Services, Inc. *Local coverage determination for Pain Management (L33622)*
3. Saunders Comprehensive Veterinary Dictionary, 3 ed. © 2007 Elsevier, Inc.