

REIMBURSEMENT POLICY STATEMENT INDIANA MARKETPLACE

Policy Name		Policy Number	Effective Date
Epidural Steroid Injections		PY-1052	09/01/2020-05/31/2021
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual

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E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT

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