

## Internal Medicine Coding Alert

### Reader Question: DOS Decides Bundling Between Epidurals and E/M Depending

**Question:** I have done continuous epidural for my patient and injected different concentrations of Marcaine and normal saline to evaluate the response and identify psychosomatic disorder. Total time spent was 3 hours during which the patient was evaluated for response and monitoring vital signs. How should I bill for this procedure?

Chicago Subscriber

**Answer:** First and foremost, you have not made it clear as to what other services were provided. If the evaluation only included using the epidural to assess the patient, again depending on how (needle or indwelling catheter) and where the epidural was given, codes 62310 (Injection[s], of diagnostic or therapeutic substance[s] [including anesthetic, antispasmodic, opioid, steroid, other solution], not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic), 62311 (...lumbar or sacral [caudal]), 62318 (Injection[s], including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance[s] [including anesthetic, antispasmodic, opioid, steroid, other solution], not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic) or 62319 (...lumbar or sacral [caudal]) can be reported.

Also, an appropriate E/M code can be selected to report the evaluation of the patient. Depending on the typical time of the E/M code selected and how much of the three hours was spent in evaluation and management, you may also be able to report a prolonged services code (or two) from the range 99354-99357.

However, if the date of service was after July 1, it is important to note that there is a CCI edit that bundles these services along with E/M codes wherein you cannot report the E/M service separately with these codes. But the edit carries the modifier indicator '1,' which means that if the E/M service was separate and distinct, a modifier such as 25 (Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service) can be appended to the E/M code to unbundle the edits.

Finally, there is a HCPCS code for Marcaine HCL (S0020, Injection, bupivacaine hydrochloride, 30 ml) and one for saline (A4217, Sterile water/saline, 500 ml), which may or may not be reportable, depending on the payer and the circumstances.