Part B Insider (Multispecialty) Coding Alert

Reader Question: 99024 vs. E/M for Pump Follow-Up--Check Catheter Placement

Question: Our pain management physician began a patient on an intrathecal pump trial. He sees the patient in the office for three consecutive days, then the patient comes back and has the catheter removed. How should we code the three days of follow-up care?

Answer: Before coding the follow-up days, you should confirm whether the physician used a tunneled or non-tunneled catheter for the trial.

Tunneled option: It's fairly unusual for a physician to perform a tunneled trial catheter placement. If your physician does, however, submit 62350 (Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy) for the trial. Code 62350 has a 10-day global period, so you would report 99024 (Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason[s] related to the original procedure) for follow-up care.

Non-tunneled plan: If the physician placed a nontunneled catheter, you would code the trial with either 62318 (Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast [for either localization or epidurography], of diagnostic or therapeutic substance[s] [including anesthetic, antispasmodic, opioid, steroid, other solution], epidural or subarachnoid; cervical or thoracic) or 62319 (...lumbar, sacral [caudal]). Choose the code based on the anatomic catheter insertion site, not the catheter tip final location. You should be able to code follow-up days associated with 62318 or 62319 with an established patient E/M code. Choose the best option from 99212- 99214 (Office or other outpatient visit for the evaluation and management of an established patient ...) when supported by the provider's documentation.