

## Eli's Rehab Report

### You Be the Coder: Single or Continuous Epidural?

Test your coding knowledge. Determine how you would code this situation before looking at the box below for the answer.

Question: Should we report [CPT 62318](#) or [62319](#) when the physiatrist percutaneously inserts a catheter to deliver anesthetic and steroid to the epidural interspace and then removes the catheter at the end of the patient session?

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**Answer: Because the physician inserted the catheter only to deliver medication for one-time use and removed the catheter after the drug delivery, you cannot report the continuous infusion codes 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]).**

**These codes require continuous infusion or intermittent bolus, which you did not administer. In addition, the physician must place an indwelling catheter to report 62318 and 62319, and your physician removed the catheter at the end of the procedure.**

**You should report 62310 (Injection, single [not via indwelling catheter], 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 62311 (... lumbar, sacral [caudal]), depending on whether the physiatrist addressed the cervical/thoracic (62310) or the lumbar/sacral (62311) interspaces.**