

## Pain Management Coding Alert

### Code Update: Add These J and S Code Changes to Your HCPCS Mix

**Tip: Play close attention to morphine and propofol administrations.**

The latest HCPCS code update [ ] effective July 1, 2014 [ ] wasn't extensive, but is important to pain management practitioners and coders. Why? Because it changes the way you report some morphine and propofol administrations.

#### Watch for Morphine Status Indicator Changes

The previous J code for morphine frequently used in epidural or intrathecal injections (J2275, Injection, morphine sulfate [preservative-free sterile solution], per 10 mg) is now replaced by Q9974 (Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg). Code Q9974 was introduced as a temporary code for HCPCS 2014 with a planned implementation date of July 1.

"Pain management specialists may use the Q code to bill Medicare the commercially prepared morphine used to refill an implanted infusion pump in an office place of service," says **Marvel Hammer, RN, CPC, CCS-P, ACS-PM, CPCO**, owner of MJH Consulting in Denver, Co. Even though the J2270 (Injection, morphine sulfate, up to 10 mg) code remains valid for Medicare, coders should check with their provider to ensure the correct HCPCS code is billed. Pain management specialists often use preservative-free drugs for epidural or intrathecal injections.

**Indicator status:** Code Q9974 carries a HCPCS coverage indicator of "D," which means "Special coverage instructions apply." This frequently is used where there are either Medicare NCD and/or LCD coverage policies that may apply to the HCPCS code and/or the associated procedure(s). The third quarter Medicare ASP Drug fee schedule includes an allowed amount of \$9.029 per each Q9974 unit of service billed or 10 mg injected.

**Another change:** Two of the HCPCS "J" codes used to bill for morphine administered by injections now have a Medicare HCPCS coverage status indicator of "I" instead of the previous assignment of "D." Indicator "I" means the code is "Not payable by Medicare" with no implementation grace period.

The codes that are newly classified with the "I" Medicare coverage status are J2271 (Injection, morphine sulfate, 100 mg) and J2275 (Injection, morphine sulfate [preservative-free sterile solution], per 10 mg).

#### Watch for When New S0144 Might Apply

Another change of interest is the new S code for propofol, S0144 (Injection, Propofol, 10 mg). Pain management or anesthesia providers can turn to S0144 when they administer propofol for monitored anesthesia care (MAC) during a procedure in a non-facility site of service.

The new S0144 code should not be reported to Medicare and likewise has a Medicare HCPCS coverage status of "I" or "Not payable by Medicare."

#### Providers Need To Check With Other Payers

With these types of mid-year HCPCS new code implementation and/or coverage changes, Hammer advises that pain management practices check with their non-Medicare payers as not all update their HCPCS files every quarter as Medicare does. The new Q9974 or S0144 HCPCS codes may not be implemented on July 1, 2014 by all other payers.

#### Pay Attention to Vial Usage

In other pain management news, the latest edition of Sentinel Event Alert from Joint Commission focuses on preventing

infection from the misuse of vials.

According to the report, "Thousands of patients have been adversely affected by the misuse of single-dose/single-use and multiple-dose vials. The misuse of these vials has caused harm to individual patients through occurrences and outbreaks of bloodborne pathogens and associated infections, including hepatitis B and C virus, meningitis, and epidural abscesses. Adverse events caused by this misuse have occurred in both inpatient and outpatient settings, according to the Centers for Disease Control and Prevention (CDC)."

The report further states that (underline emphasis added), "Since 2001, at least 49 outbreaks have occurred due to the mishandling of injectable medical products, according to the CDC. Twenty-one of these outbreaks involved transmission of hepatitis B or C; the other 28 were outbreaks of bacterial infections, primarily invasive bloodstream infections. While many of these outbreaks occurred in inpatient settings, a high percentage occurred in pain management clinics, where injections often are administered into the spine and other sterile spaces using preservative-free medications, and in cancer clinics, which typically provide chemotherapy or other infusion services to patients who may be immunocompromised."

**More information:** Download the report at [http://www.jointcommission.org/assets/1/6/SEA\\_52.pdf](http://www.jointcommission.org/assets/1/6/SEA_52.pdf) to verify you're following correct procedures or to learn what precautions you should implement.