

# Pain Management Coding Alert

## Procedure Focus: Remember These 3 Things Before Coding Pump Refills

**Hint: Knowing the reason for the procedure helps your cause.**

CPT® includes a wide range of codes for drug infusion pump services that cover virtually any situation. It's an area that often trips coders, so read on for our experts' advice on what three things can help you file clean claims for refills and analysis/programming.

**Starting point:** Your provider will fill the pump with medication when he originally inserts the device. You'll submit 62362 (Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming) for the procedure, but nothing else. The insertion includes the initial fill of the pump as well as any potential programming which are not separately billable (based on the descriptor's verbiage "including preparation of pump" and "with or without programming").

### 1. Decide Which Refill Code Applies

CPT® includes several codes related to pump insertion and maintenance. When you're coding for a pump refill, you have two choices:

- 62369 ☐ Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill
- 62370 ☐ ... with reprogramming and refill (requiring skill of a physician or other qualified health care professional).

"The primary difference between 62369 and 62370 is who is performing the services," explains **Marvel J. Hammer, RN, CPC, CCS-P, PCS, ACS-PM, CHCO**, of MJH Consulting in Denver, Co. "The 62370 code is specifically for physicians and other qualified health care professionals only. The 62369 code is typically used when one of the practice's clinical staff, who has had the appropriate training to perform the pump refill, performs the service."

**Caveat:** One key is that the refill and/or programming services need to be within the provider's scope of practice, Hammer says. Some states allow RNs to perform this service but other states may not.

### 2. Skip A4220 With 62369

Medicare payment for programmable pump analysis, reprogramming, and refill includes the refill kit.

**What it means:** You do not submit HCPCS code A4220 (Refill kit for implantable infusion pump) separately with CPT® codes 62369 or 62370.

"The relative value units in procedure codes have a practice expense component that includes supplies that are used with the procedure," says **Gregory Przybylski, MD**, director of neurosurgery at the New Jersey Neuroscience Institute, JFK Medical Center, in Edison. "CPT® codes 62369 and 62370 include the refill kit among the practice expense inputs, but not the medication that would be instilled."

### 3. Don't Mix and Match Refill Codes

Code A4220 isn't the only one you need to steer clear of when reporting a pump refill. Two other codes for implantable

programmable pump services should never be filed with 62369 or 62370, according to CPT® guidelines. They are:

- 95990 □ Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed
- 95991 □ ... requiring skill of a physician or other qualified health care professional.

Directions: You report codes 95990 and 95991 for refilling an implanted reservoir or constant flow (non-programmable) pump. CPT® includes a parenthetical note with 95990 and 95991 that states, "Do not report 95990, 95991 in conjunction with 62367-62370. For analysis and/or reprogramming of implantable infusion pump, see 62367-62370." Codes 62367-62370 include a similar note directing you to see 95990 and 95991 for "refilling and maintenance of a reservoir or an implantable infusion pump for spinal or brain drug delivery without reprogramming."

**Explanation:** Physicians use implantable infusion pumps to deliver therapeutic levels of drugs to a specific organ or anatomic site for a prolonged period of time. Codes 62367-62370 and codes 95990-95991 all refer to performing "electronic analysis," which is done to determine the reservoir, alarm, and drug prescription statuses. Pay attention to the other details in your provider's notes to determine which code set should be your focus.

**Example:** Hammer says that sometimes a patient comes in with complaints of increased symptoms (pain) and questions if the pump is working. The provider may do an analysis to check the settings, reservoir status, etc. If everything is found to be accurate, there wouldn't be a need to do any re-programming. That would fall under 62367. Code 62368 applies when, for example, the patient comes in for evaluation following the pump implantation and the pump settings are titrated up to better address the patient's pain but the pump is not refilled.