

## Pain Management Coding Alert

### Reader Question: 62311 or 62319? Watch for Length of Administration

**Question:** I need some guidance on the differences between 62311 and 62319. Both codes mention catheter use. Code 62319 specifies an in-dwelling catheter, but does not state the length of time the catheter is in place/use. Is it only used if the catheter remains in the patient when they leave for future infusions? Or is it the correct code if the catheter is only used during the procedure in the office?

Wyoming Subscriber

**Answer:** Start by comparing the two code descriptors:

- 62311 □ 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; lumbar or sacral (caudal)
- 62319 □ 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; lumbar or sacral (caudal).

The main difference between 62319 and 62311 is that whether the provider used the catheter to administer a single-shot bolus injection or to deliver the medication/substance over a prolonged period. If the provider clearly specifies that catheter was left indwelling, then report 62319. If the provider is not clearly documenting whether catheter was left in place or removed, you should first clarify that before choosing your code. Otherwise, you should assume that catheter was removed and submit 62311.