

Pain Management Coding Alert

Reader Question: Know Whether You're Coding Pump Placement or Anesthesia

Question: When the surgeon places a port for chemotherapy access, the patient might require local anesthesia to numb the skin and tissue. Which procedure code should I report then?

Tennessee Subscriber

Answer: A definitive answer would require more information, because several codes are available, depending on the details of the case.

If your pain management specialist places the pump, you need to know the following information to select the proper code for venous access procedures:

- What is the patient age (less than 5 years, or 5 years or older?)
- Is the catheter tunneled or not?
- Is the line centrally placed or peripherally placed?
- Is there a port or pump?

Your code options in this scenario are:

- 36561 ☐ Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older
- 36566 ☐ Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)
- 36571 ☐ Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older.

If, however, you are only coding for anesthesia administration while another surgeon places the pump, you'll submit 00532 (Anesthesia for access to central venous circulation), which has a base value of four units.