

Pain Management Coding Alert

Reader Question: Pain Pump Revision Claim Needs Modifier 52

Question: Programmable infusion pump codes are for implantation/replacement or removal. Our physician replaced the patient's implanted infusion pump not that long ago, so he does not need a new one. Now the provider wants to move the pump pocket to another location. Since there does not seem to be a code for revision and a new pocket is being made for the pump, what code should I report?

North Carolina Subscriber

Answer: CPT® does not include a code for pump revision. Instead, you should submit the implantation/replacement code (such as 62361, Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump) with modifier 52 (Reduced services). It is recommended that a brief description of the reduced service should be included in item 19 of the 1500 claim form or electronic equivalent indicating for example "Revision of existing implanted infusion pump." Many payers require a concise statement about how the service differs from the usual as well as the operative report prior to processing the claim.