

Pain Management Coding Alert

Reader Questions: Watch the Clock to Draw the Line Between 62311 and 62319

Question: What are the major differences between two catheter use codes 62311 and 62319? Code 62319 specifies an in-dwelling catheter but does not state the length of time the catheter is in place/use. Is it correct to report code 62319 when the physician wants the catheter to remain in the patient when they leave to allow for future infusions? Can we also report code 62319 if the catheter is only used during the procedure in the office?

Indiana Subscriber

Answer: Start by taking a close look at the 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).

You will see that the difference between the two codes centers on how long your physician leaves the catheter "indwelling." You report code 62319 or 62311 depending upon whether your provider used the catheter to:

- administer a single-shot bolus injection or
- deliver the medication/substance over a prolonged period.

If your provider clearly specifies that catheter was left indwelling, then you report 62319. If your provider does not clearly document whether the catheter was left in place or removed, you may assume that catheter was removed and submit code 62311. However, before you select the right code, you should clarify if your physician left the catheter in place or removed it.