



Manual: Reimbursement Policy

Policy Title: Intra-joint and Surgical Site Postoperative Pain Relief Drug Delivery System (Pain Pump)

Section: Surgery

Subsection: None

Date of Origin: 7/22/2011 **Policy Number:** RPM014

Last Updated: 1/14/2020 **Last Reviewed:** 2/12/2020

Scope

This policy applies to all Commercial medical plans, Medicare Advantage plans, and Oregon Medicaid/EOCCO plans.

Reimbursement Guidelines

Placement of a pain pump catheter(s) for postoperative pain control is not eligible for separate reimbursement, regardless of the procedure code used to identify this service. Payment for the work involved it is considered included in the global surgery allowance for the primary surgical procedure(s).

The CPT or HCPCS code(s) used to describe a surgical procedure includes all services integral to accomplishing the procedure (CMS¹), including but not limited to:

1. Insertion and removal of drains, suction devices, and pumps into same site. (CMS¹)
2. Topical or regional anesthetic administered by the physician performing the procedure. (CMS^{2,3})
3. Application, management, and removal of postoperative dressings including anesthetic devices. (CMS¹)
4. The management of postoperative pain by the surgeon who performed the procedure, including epidural or subarachnoid drug administration, is included in the global period services associated with the operative procedure. (CMS⁵)

Coding Guidelines

It is not correct coding to use a CPT or HCPCS code that does not accurately describe the procedure being performed. CPT specifically states: "Select the name of the procedure or service that accurately identifies the service performed. **Do not select a CPT code that merely approximates the service provided.** If no such specific code exists, then report the service using the appropriate unlisted procedure or service code." (AMA⁷) (Bold added)

Codes and Definitions

There are no CPT or HCPCS codes that describe placement of a pain pump catheter.

The following listed CPT codes have been used to report the placement of a pain pump catheter for postoperative pain control. However, none of these procedure codes accurately describe this procedure, and should not be used for this purpose.

Code	Code Definition
11981	Insertion, non-biodegradable drug delivery implant
37202	Transcatheter therapy, infusion other than for thrombolysis

The following unlisted CPT codes may also be used to report the placement of a pain pump catheter for postoperative pain control. This list is not exhaustive. Other unlisted codes may also be used, depending on the surgical site involved. Regardless of the procedure code used, this service is not eligible for separate reimbursement.

Code	Code Definition
19499	Unlisted procedure, breast
20999	Unlisted procedure, musculoskeletal system, general
22899	Unlisted procedure, spine
22999	Unlisted procedure, abdomen, musculoskeletal system
23929	Unlisted procedure, shoulder
27599	Unlisted procedure, femur or knee
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
49999	Unlisted procedure, abdomen, peritoneum and omentum

Cross References

“Global Surgery Package for Professional Claims”, Moda Health Reimbursement Policy Manual, RPM011.

References & Resources

1. CMS. *National Correct Coding Initiative Policy Manual*. Chapter 1 General Correct Coding Policies, §B, “Coding Based on Standards of Medical/Surgical Practice”, pages I-3 – I-5.
2. CMS. *National Correct Coding Initiative Policy Manual*. Chapter 4 Surgery: Musculoskeletal System, § H.19, “General Policy Statements”, p IV-12.
3. CMS. *National Correct Coding Initiative Policy Manual*. Chapter 4 Surgery: Musculoskeletal System, § C, “Anesthesia”.
4. CMS. *National Correct Coding Initiative Policy Manual*. Chapter 1 General Correct Coding Policies, § C.

5. CMS. *National Correct Coding Initiative Policy Manual*. Chapter 3 Integumentary System, § C.
6. CMS. *National Correct Coding Initiative Policy Manual*. Chapters 3, 4, 5, 6, 8, 11, 12 and 13, “General Policy Statements”.
7. American Medical Association. “Introduction - Instructions for Use of the CPT Codebook.” *Current Procedural Terminology (CPT)*. Chicago: AMA Press.

Background Information

Following any surgical procedure, there is some degree of pain experienced by the patient. One method of extended pain control being used is the “pain pump”. One or more catheters are placed at the operative site. The catheter is connected to a pain pump that provides continuous infusion of a local anesthetic. The pain pump catheter is usually left in for several days.

Some of the pain pumps that may be used include, but are not limited to, the Marcaine Pump, ON-Q PainBuster Post-Op Pain Relief System, ON-Q C-bloc, Stryker Pain Pump.

IMPORTANT STATEMENT

The purpose of Moda Health Reimbursement Policy is to document payment policy for covered medical and surgical services and supplies. Health care providers (facilities, physicians and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement policy is not intended to impact care decisions or medical practice.

Providers are responsible for accurately, completely, and legibly documenting the services performed. The billing office is expected to submit claims for services rendered using valid codes from HIPAA-approved code sets. Claims should be coded appropriately according to industry standard coding guidelines (including but not limited to UB Editor, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS’ National Correct Coding Initiative (CCI) Policy Manual, CCI table edits and other CMS guidelines).

Benefit determinations will be based on the applicable member contract language. To the extent there are any conflicts between the Moda Health Reimbursement Policy and the member contract language, the member contract language will prevail, to the extent of any inconsistency. Fee determinations will be based on the applicable provider contract language and Moda Health reimbursement policy. To the extent there are any conflicts between Reimbursement Policy and the provider contract language, the provider contract language will prevail.