Codify
BY AAPC

Part B Insider (Multispecialty) Coding Alert

Reader Question: 99232 Isn't Appropriate for Every Hospital Follow-up

Question: The anesthesiologist placed an indwelling thoracic epidural catheter at T6-T7 for a patient with a chest wall fracture of multiple ribs (the patient was admitted to the hospital). The infusion was a mixture of bupivacaine and fentanyl. The anesthesiologist followed up on the infusion for two days after insertion. Medicare denied our claim with 62318 for the epidural and 99232 for follow-up. How should we code this service?

Answer: You submitted the correct epidural code of 62318 (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; cervical or thoracic). Append modifier 59 (Distinct procedural service) to indicate the epidural placement is separate from other services the patient received.

You need to resubmit the claim with a different follow-up code, however. Instead of 99232 (Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components ...), you should report 01996 (Daily hospital management of epidural or subarachnoid continuous drug administration). Submit 01996 for each of the two follow-up days with diagnosis 338.18 (Postoperative pain, NOS).

Here's why: Code 01996 specifies that the follow-up care is for managing an epidural. Code 99232 represents a wider range of hospital follow-up services and must meet criteria similar to an E/M visit.