Description

Two types of patient-controlled analgesia are described as follows:

1. Intravenous patient-controlled analgesia (IV-PCA): with IV-PCA, the patient pushes a button and self-administers low doses of intravenous narcotic medication via a pump for the relief of pain. This type of pain control is generally used for postoperative purposes, but can also be used for hospitalized patients with other types of severe pain as well as in the management of pain due to chronic cancer.

2. Patient-controlled epidural analgesia: with patient controlled epidural analgesia, an epidural or intrathecal catheter is inserted, and local anesthetics or narcotics are used in conjunction with a pump to deliver small doses of the agent directly to the spinal nerves. Because of the low doses needed to obtain pain relief, side effects such as nausea, sedation, and respiratory depression can be minimized. This type of pain control is used extensively in obstetrical procedures and for lower-body postoperative pain. It is also used in the pain management of terminal cancer patients and for chronic intractable pain of non-cancerous origin.

With both methods of pain control, the devices are programmed to limit the hourly dosage and intervals between doses to prevent overdosing.
Policy

IV-PCA is **medically necessary** in the management of postoperative pain following major surgical procedures and for the medical management of chronic unresponsive cancer pain.

Patient controlled epidural analgesia is **medically necessary** following obstetrical procedures and major surgical procedures involving the organs of the pelvis and lower extremities; for the medical management of chronic cancer pain; and for chronic intractable pain of non-cancerous origin.

Policy Guidelines

No applicable information

Benefit Application

For hospitalized patients, intravenous patient-controlled analgesia (IV-PCA) can be an itemized part of the facility reimbursement (e.g., the drug, pump/meter, IV hook-up, and associated nursing care). The professional (physician) service is included in the reimbursement for daily medical care visits or is included in the reimbursement for an associated surgical procedure. Physicians should not bill PCA as a separate procedure, nor should the physician bill for concurrent medical care or consultation (e.g., anesthesia and other specialties) when performed for PCA.

For epidural patient-controlled anesthesia, benefits are provided for the initial placement of the epidural catheter as well as for visits by the anesthesiologist to monitor epidural analgesia. If epidural anesthesia is administered for the surgical procedure and the catheter is left in postoperatively for pain management, benefits are provided only for the daily visits since anesthesia services have already been provided.

Benefits are available for only 1 inpatient visit per day by the anesthesiologist for up to 3 days for the postoperative monitoring of patient-controlled epidural analgesia without documentation of medical necessity.
Home Health Care benefits may be provided for pump refill and catheter care if Home Health Care guidelines are met.

Rationale

A search of the literature was completed through the MEDLINE database for the period of January 1990 through December 1996. The search strategy focused on references containing the following Medical Subject Headings:

– Analgesia

– Intravenous or epidural

– Patient control

Research was limited to English-language journals on humans.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td>01996</td>
<td>Daily management of epidural (or subarachnoid) drug administration</td>
</tr>
<tr>
<td></td>
<td>62350</td>
<td>Implantation (revision or repositioning) of intrathecal or epidural catheter, for implantable reservoir or implantable infusion pump; without laminectomy</td>
</tr>
<tr>
<td></td>
<td>62360–62362</td>
<td>Implantation (or replacement) or device for intrathecal or epidural drug infusion; subcutaneous reservoir</td>
</tr>
<tr>
<td>ICD-9 Procedure</td>
<td>99.29</td>
<td>Injection or infusion of other therapeutic or prophylactic substance</td>
</tr>
<tr>
<td>ICD-9 Diagnosis</td>
<td>No Code</td>
<td></td>
</tr>
<tr>
<td>HCPCS</td>
<td>A4300</td>
<td>Implantable access catheter (includes epidural), external access</td>
</tr>
<tr>
<td></td>
<td>A4305–A4306</td>
<td>Disposable drug delivery system (code range)</td>
</tr>
<tr>
<td></td>
<td>E0781–E0783</td>
<td>Infusion pump (code range)</td>
</tr>
</tbody>
</table>

Type of Service

Medical

Surgery

Place of Service

Inpatient

Outpatient
Index

Epidural analgesia, patient-controlled
Intravenous patient-controlled analgesia
IV-PCA (Intravenous Patient-Controlled Analgesia)
Pain management
Patient-controlled analgesia