

## POSTOPERATIVE PAIN MANAGEMENT

ISSUE DATE: February 21, 1995

AUTHORITY: [32 CFR 199.4\(c\)\(2\)](#)

---

### I. APPLICABILITY

This policy is mandatory for reimbursement of services provided by either network or non-network providers. However, alternative network reimbursement methodologies are permitted when approved by TMA and specifically included in the network provider agreement.

### II. ISSUE

How are physicians to be reimbursed for postoperative pain management?

### III. BACKGROUND

A. In the past, postoperative pain management consisted mainly of the intramuscular (IM) and/or intravenous (IV) administration of patient controlled analgesia (PCA). The attending surgeon simply wrote an order in the patient's clinical chart/record which was later carried out by the floor nurse. This was considered a part of the global charge for the surgery.

B. Postoperative epidural analgesia care is a relatively new and progressive innovation in acute pain management. It provides superior pain management for major surgery by markedly decreasing the incidence of pulmonary and cardiovascular complications. The use of epidural analgesia also promotes earlier ambulation which decreases deep vein thrombosis, and promotes return of bowel functions. The administration of epidural analgesia is a specialized technique that can only be provided by a specially trained physician. It includes the following services:

1. Placement of the epidural catheter (an invasive procedure requiring about twenty minutes).
2. Mixing of the epidural analgesia infusion.
3. Programming and initiation of infusion pump.
4. Completion of detailed epidural analgesia orders.

**TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002**

CHAPTER 1, SECTION 10

POSTOPERATIVE PAIN MANAGEMENT

---

5. Daily monitoring and adjustment of epidural and infusion pump.

6. Twenty-four hour availability /coverage to physically respond to problems/ complications.

C. Since postoperative epidural analgesia care represents a level of services above that of routine postoperative pain relief provided by physicians, it is allowed outside the global surgical fee subject to the following reimbursement guidelines.

IV. POLICY

A. Payment of postoperative pain management outside the global surgical fee is only allowed for epidural analgesia care provided and billed by a physician. TRICARE/ CHAMPUS will pay the physician for:

1. Insertion of the epidural catheter (CPT<sup>1</sup> procedure codes 62278 and 62279 - epidural, lumbar or caudal, continuous) on the day of the surgery; and

2. Daily hospital management of epidural drug administration (CPT<sup>1</sup> procedure code 01996) following the day of surgery (not the day of surgery).

B. The physician is only allowed to bill one pain management procedure code (CPT<sup>1</sup> procedure code 01996) per day. The procedure includes all visits and contacts during the 24-hour time period to adjust the dosage and to maintain a functioning catheter.

C. Daily hospital management of epidural drug administration will be paid up to 3 days following the day of surgery. Additional management services may be allowed at the discretion of the contractor based on best commercial practices.

- END -

---

<sup>1</sup> CPT codes, descriptions and other data only are copyright 2001 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.