Codes 62369 and 62370 encompass the entire service by combining electronic analysis of programmable implanted pumps for spinal (intrathecal or epidural), or brain (intraventricular) drug infusion with reprogramming and refill. Therefore, the new parenthetical instructions indicate that it is not appropriate to report codes 62367-62370 in addition to codes 95990 or 95991.

**Surgery Nervous System/Reservoir/Pump Implantation**
- 62367 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill
- 62368 with reprogramming
  
  (For refilling and maintenance of an implantable infusion pump for spinal or brain drug therapy, see 95990-95991)
- 62369 with reprogramming and refill
- 62370 with reprogramming and refill (requiring physician’s skill)
  
  (Do not report 62367-62370 in conjunction with 95990, 95991. For refilling and maintenance of a reservoir or an implantable infusion pump for spinal or brain drug delivery without reprogramming, see 95990, 95991)

**Medicine – Neurology and Neuromuscular Procedures/Other Procedures**
- 95990 Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed
- 95991 requiring physician’s skill
  
  (Do not report 95990, 95991 in conjunction with 62367-62370. For analysis and/or reprogramming of implantable infusion pump, see 62367-62370)
  
  (For refill and maintenance of implanted infusion pump or reservoir for systemic drug therapy [eg, chemotherapy], use 96522)

Implantable infusion pumps are used to deliver therapeutic levels of drugs to a target organ or body compartment (site specific) for a prolonged period of time. Codes 62367-62370 and codes 95990-95991 all reference performance of “electronic analysis,” which is performed to determine reservoir, alarm, and drug prescription statuses. When electronic analysis of the implanted pump device indicates a satisfactory infusion rate and residual volume, no reprogramming (eg, to change drug rate or dose) or refill is needed.

**Clinical Scenario**
A patient with a history of osteoporosis and multiple compression fractures presents to the clinic for a refill of her implanted spinal opioid delivery system. She meets with the physician, complains of slight worsening of pain since her last visit, and requests that the dosage be increased. The physician performs the refill and reprograms the pump with a
10% increase in daily dosage. The physician does not prescribe any medication and does not manage any other medical issues.

**How to Code**
CPT code 62370 is reported by the physician, when the skill of the physician is required to perform the electronic analysis, sterile aspiration and measurement of the residual volume of solution, and refill, via Huber needle, into the pump reservoir septum. The pump is then reprogrammed to adjust the rate of infusion and control the increased level of pain. The pump alarm settings and reservoir levels are programmed as well as any changes made to the drug infusion concentration, rate, or mixture services. Refill date estimates are also made. No E/M code is reported for this scenario.

The performance of the services that will potentially require the skill of the physician or other qualified health care professional is reported with terminology that specifies “requiring physician skill.” The use of these higher skill codes is typically associated with patients for whom access is difficult or painful due to presence of scar tissue or myofascial or other disease in the same area as the port. If intravenous sedation or fluoroscopy is needed to adequately identify the pump and refill port and/or use of instrumentation is needed to find and hold the pump in place, these would be aspects of patient care that would typically require the skill and knowledge of a physician.

**Clinical Scenario**
This scenario is similar to the previous scenario, but the physician also manages the patient’s complaints of shoulder pain secondary to osteoarthritis. He prescribes a nonsteroidal anti-inflammatory drug and recommends a follow-up visit in one month for an intra-articular shoulder injection. The physician spends a total of 10 minutes patient contact time taking a history and examining the shoulder.

**How to Code**
In this example, CPT code 62370 is reported as indicated in the previous scenario, for the refill of the pump provided by the physician. For the additional management of the shoulder pain, considered to be an additional medical disorder from that requiring the pump refill, an E/M service code is reported with Modifier 25 appended.

**Clinical Scenario**
A patient presents for pump interrogation following a magnetic resonance imaging of the brain ordered by her primary care physician. The pump is interrogated by the practice’s physician assistant (PA) and found to have no changes from the previous settings. No adjustments are made to the pump dosage. No physician is present in the office.

**How to Code**
Code 62367 should be reported for the pump analysis without refill or reprogramming. When determining the appropriate code designated for either the physician or other qualified health care professional, or designated for reporting the supervision of clinical staff services, it is important to note that, as defined in the Introduction to the Use of the CPT Codebook, “Any procedure or service in any section of the CPT code set may be used to designate the services rendered by any qualified physician or other qualified health care professional or entity (eg, hospital, clinical laboratory, home health agency).” The independent reporting of code 62370 by a qualified health care professional who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) within his/her scope of practice, is a third-party payer coverage determination.