CHART TALK ~ ANESTHESIA CODING CONVERSATIONS

REGIONAL ANESTHESIA & NERVE BLOCKS TIP SHEET

Single Injection vs Continuous Catheter

Same anatomical target. Different technique. Potentially different CPT code.

WHY THIS MATTERS

Many peripheral nerve and plexus block code families distinguish between a single-injection technique and a continuous infusion performed through an indwelling catheter. The anatomical target may be identical, but the technique can change code selection. The coder therefore needs both pieces of information: what was blocked and how the block was performed.

THE CODING TIP

Anatomy first. Technique second. Identify the nerve or plexus targeted, then determine whether the clinician performed a one-time injection or placed an indwelling catheter for continuous infusion. Compare both facts with the exact current CPT descriptor before selecting the code.

SINGLE INJECTION VS CONTINUOUS CATHETER

FEATURE	SINGLE INJECTION	CONTINUOUS CATHETER
Technique	Medication deposited during a single block procedure.	Catheter placed at/near the target to permit ongoing infusion.
Hardware	Needle is used for injection and removed.	Indwelling catheter remains after placement.
Documentation clue	"Single shot," "single injection," or documentation of injection without catheter placement.	"Continuous," "catheter," "infusion catheter," catheter depth/securement, or infusion plan.
Coding focus	Use the current single-injection descriptor for the supported anatomical target.	Use the current continuous-infusion-by-catheter descriptor when the anatomy and technique satisfy it.
Do not assume	A large volume or long-lasting anesthetic makes it continuous.	A catheter mentioned elsewhere automatically proves a continuous nerve-block service.

THE KEY DISTINCTION

Duration of medication effect does NOT determine single vs continuous.

A long-acting local anesthetic administered once is still a single-injection technique. A continuous technique requires the supported catheter-based service described by the applicable CPT code.

WHAT TO LOOK FOR IN THE BLOCK NOTE

- Exact nerve, plexus, branch, or anatomical target.
- Laterality and block location.
- Single-injection language versus catheter-placement language.
- Needle and catheter details, including whether a catheter was advanced and left in place.
- Local anesthetic administration and any documented infusion plan.
- Catheter securement, depth, dressing, pump, or continuous infusion documentation when present.
- Purpose of the block: surgical anesthesia, postoperative analgesia, or another indication.
- Ultrasound guidance documentation when separately reportable and supported.
- Whether the primary anesthetic affects separate reporting of the block under current NCCI/payer rules.

DON'T CONFUSE THESE SERVICES

- A single injection followed by prolonged analgesia is not automatically a continuous catheter.
- Repeated medication administration does not automatically establish a continuous peripheral nerve catheter code.
- A catheter used for a different purpose should not be treated as a continuous nerve-block catheter.
- Continuous postoperative pain management should not be inferred solely from the presence of an infusion pump.

- Catheter placement and subsequent daily management are separate coding questions; review the exact current CPT descriptors and payer rules.

COMMON CODING MISTAKE

Mistake: The block provided analgesia for many hours, so the coder chooses the continuous-catheter code.

Better approach: Look for actual catheter placement and an ongoing infusion technique. Duration of analgesia describes the medication effect—not the procedure technique.

CODER'S TIP

Ask two separate questions: "What did they block?" and "How did they block it?" The first question identifies the anatomical code family. The second determines whether the supported code is single injection or continuous catheter.

QUICK EXAMPLE

Scenario A: The note documents ultrasound-guided placement of a needle adjacent to the target nerve, injection of local anesthetic, and removal of the needle. No catheter is placed.

Coding concept: Evaluate the applicable single-injection code for the documented anatomical target.

Scenario B: The same anatomical target is approached, but a catheter is advanced, secured, and documented for continuous local-anesthetic infusion.

Coding concept: Evaluate the applicable continuous-infusion-by-catheter code for that target.

SEPARATE REPORTING STILL MATTERS

Choosing the correct single-injection or continuous-catheter code does not by itself establish that the block is separately billable. When performed on the same date as an anesthesia service, review the block's purpose, the primary anesthetic, current NCCI policy, modifier requirements, and payer-specific rules before separately reporting it.

WHEN TO STOP AND REVIEW

- The note says "continuous block" but does not document catheter placement.
- A catheter is documented, but its anatomical target or purpose is unclear.
- The procedure note describes both an initial injection and catheter placement and the coder is considering reporting both placement techniques separately.
- Multiple catheters or multiple block targets are documented.
- The block may have been integral to the primary anesthetic rather than a distinct postoperative pain service.
- Subsequent catheter management is being considered and the applicable daily-management rules have not been verified.

AUTHORITATIVE RESOURCES

- Current AMA CPT code set — verify exact single-injection and continuous-infusion-by-catheter descriptors for the documented nerve or plexus.
- Current CMS Medicare NCCI Policy Manual — review anesthesia and postoperative pain separate-reporting requirements when applicable.
- Current payer policy — verify coverage, bundling, modifiers, ultrasound guidance, catheter management, and documentation requirements.
- Clinical anatomy references — use to understand the documented target while basing final coding on the record and official coding guidance.

BOTTOM LINE

The nerve tells you the family. The technique tells you single injection or continuous catheter.

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