CHART TALK ~ ANESTHESIA CODING CONVERSATIONS

REGIONAL ANESTHESIA & NERVE BLOCKS TIP SHEET

Epidural vs Spinal vs CSE: Know the Neuraxial Technique

Same general region. Different anatomical space. Different technique.

WHY THIS MATTERS

Spinal, epidural, and combined spinal-epidural (CSE) techniques are all neuraxial, but they are not interchangeable. The needle destination, medication delivery, catheter use, onset/duration, and role in the anesthetic can differ. For the coder or auditor, understanding the technique is essential when reviewing the anesthesia record, obstetric anesthesia, postoperative pain management, and separately reported neuraxial services.

THE CODING TIP

Identify the space before interpreting the service. Determine whether medication was delivered into the subarachnoid/intrathecal space, the epidural space, or both. Then determine whether a catheter was placed and how the neuraxial technique was used during the encounter.

NEURAXIAL TECHNIQUES AT A GLANCE

TECHNIQUE	TARGET SPACE	CATHETER?	CODER FOCUS
Spinal	Subarachnoid / intrathecal space	Usually no indwelling catheter for a routine single-shot spinal	Look for intrathecal medication and a single-shot neuraxial technique.
Epidural	Epidural space	Commonly yes when continuous or repeat dosing is planned	Look for loss-of-resistance technique, catheter placement, dosing, and ongoing use.
CSE	Both spinal and epidural components	Typically includes epidural catheter placement after/with spinal component	Recognize that one neuraxial procedure combines two techniques; do not automatically treat the components as unrelated services.

ANATOMY PATH: WHERE DID THE NEEDLE GO?

Skin → ligaments → epidural space → dura → subarachnoid/intrathecal space

An epidural stops in the epidural space. A spinal passes through the dura to reach cerebrospinal fluid in the subarachnoid space. A CSE intentionally combines spinal medication delivery with access to the epidural space, commonly including an epidural catheter.

WHAT TO LOOK FOR IN THE PROCEDURE NOTE

- Documented technique: spinal, epidural, CSE, intrathecal, or other neuraxial terminology.
- Vertebral level/interspace used for needle placement.
- Needle type and technique, including loss of resistance when documented for epidural placement.
- Presence of cerebrospinal fluid when supporting a spinal/intrathecal technique.
- Whether an epidural catheter was threaded, depth documented, secured, and used.
- Medication route: intrathecal versus epidural.
- Single injection, intermittent bolus, continuous infusion, or patient-controlled epidural analgesia.
- Purpose: primary surgical anesthesia, labor analgesia, postoperative pain management, or another indication.
- Any conversion, replacement, failed technique, or transition to another anesthetic method.

CSE: DON'T DOUBLE-COUNT THE TECHNIQUE

A combined spinal-epidural is a coordinated neuraxial technique. The presence of both a spinal component and an epidural catheter does not automatically mean two separately reportable procedures. Review the applicable anesthesia service, CPT instructions, payer rules, and the clinical purpose before considering separate procedural reporting.

EPIDURAL BOLUS: WHAT IS IT PART OF?

A medication bolus through an existing epidural catheter does not automatically represent a new epidural placement. Determine whether the bolus is part of the ongoing primary anesthetic, labor analgesia, or a distinct postoperative pain-management service. The fact that medication was administered after surgery does not by itself establish a separately reportable procedure.

COMMON CODING MISTAKES

- Calling every neuraxial injection an epidural.
- Calling an epidural a spinal because the procedure occurred in the lumbar spine.
- Treating CSE as two automatically separate billable procedures.
- Reporting a new placement code for medication administered through an already existing epidural catheter.
- Assuming postoperative epidural dosing is separately billable simply because it occurred near the end of or after surgery.
- Ignoring a failed, replaced, or converted neuraxial technique that changes the clinical story of the case.

CODER'S TIP

Ask three questions: Where did the medication go? Was a catheter left in place? What role did the neuraxial technique play in the anesthetic? Those answers usually clarify whether you are looking at a spinal, epidural, CSE, or ongoing catheter service.

QUICK EXAMPLE

Scenario: The note documents a needle advanced to the intrathecal space with cerebrospinal fluid return and medication administered, followed by placement and securement of an epidural catheter for continued neuraxial management.

Coding point: This documentation describes a combined spinal-epidural technique. Do not interpret the spinal and epidural components as automatically independent billable procedures; evaluate the complete anesthesia service and applicable coding rules.

WHEN TO STOP AND REVIEW

- The procedure title says epidural but the detailed note documents CSF return and intrathecal medication.
- The record says CSE but no epidural catheter or second component is described.
- An epidural catheter is replaced or repositioned and additional procedural reporting is being considered.
- A neuraxial technique fails and the case converts to general anesthesia.
- An existing epidural is bolused at the end of surgery and separate postoperative-pain billing is being considered.
- The neuraxial service spans labor, cesarean delivery, or another change in obstetric anesthesia care.
- The payer's rules for neuraxial/postoperative pain reporting have not been verified.

AUTHORITATIVE RESOURCES

- Current AMA CPT code set - verify applicable neuraxial injection, catheter, and postoperative pain-management descriptors and instructions.
- Current ASA Relative Value Guide (RVG) and anesthesia-specific guidance.
- Current CMS Medicare NCCI Policy Manual and PTP edits - review anesthesia and postoperative pain reporting when applicable.
- Current payer policy - verify coverage, bundling, modifiers, and documentation requirements.

BOTTOM LINE

Spinal, epidural, and CSE are defined by WHERE the medication goes and HOW the neuraxial service is performed.

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