

## Evidence Based Guideline

# Patient Controlled Analgesics

**File Name:** patient\_controlled\_analgesics  
**Guideline Number:** EBG.SUR6540  
**Origination:** 11/1991  
**Last Review:** 8/2004

**Active guideline, no longer scheduled for routine literature review**

### Description of Procedure or Service

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Patient controlled [analgesics](#) (PCA) is used primarily for control of postoperative pain. PCA drugs may be administered through a [peripheral](#) intravenous line or an [epidural](#) catheter. The desired route is established during surgery and delivers pain medication to the patient at the patient's command. A special intravenous pump determines how much and at what intervals the medication can be dispensed. Depending on the surgical procedure, PCA is generally used for 1-3 days and then the patient is weaned to oral pain medications.

### Evidence Based Guideline for Patient Controlled Analgesics

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Patient Controlled [Analgesics](#) may be appropriate and eligible for separate benefits for the following services:

- When administered in the inpatient setting, **and**
- [Epidural](#) route administration (for up to 3 days postoperatively)

**Please see Benefits Application related to billing for PCA.**

### Medical Evidence regarding Patient Controlled Analgesics indicates it is not recommended in the following situations:

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Patient Controlled [Analgesics](#) are not recommended for home PCA administration.

### Benefits Application

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Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

#### **[Peripheral](#) route administration:**

Separate benefits are not available for [peripheral](#) intravenous (IV) PCA consults (i.e., insertion and monitoring by anesthesiologists) as this is considered part of the anesthesia allowance for the surgical procedure performed. Post-operative maintenance of the IV line and drug monitoring is included in the attending physician's and/or the anesthesiologist's follow up care.

## Policy: Patient Controlled Analgesics

### **Epidural route administration:**

Benefits are available to the anesthesiologist for the management of an **epidural** PCA for up to 3 days post-operatively. When PCA is initiated in the absence of surgery, benefits are available for the initial consult, **epidural**, and up to 3 days of PCA management.

### **Home PCA:**

Benefits for home PCA services are not routinely provided. Home PCA pain management is reviewed on an individual consideration basis and benefits provided only when documented medical necessity exists.

## **Billing/Coding/Physician Documentation Information**

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: 01996, 62319*

## **Medical Term Definitions**

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### **Analgesic**

a drug that alleviates pain without causing loss of consciousness.

### **Epidural**

situated within the spinal canal, on or outside the dura mater (tough membrane surrounding the spinal cord).

### **Peripheral**

located near the periphery, not centralized.

## **Scientific Background and Reference Sources**

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Medical Director, 11/88

Physician Advisory Group, 10/24/91

Physician Advisory Group, 1/94

Medical Policy Advisory Group, 3/99

Medical Policy Advisory Group review 3/1/2001

Specialty Matched Consultant Advisory Panel - 9/2002

## **Policy Implementation/Update Information**

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10/94 Reaffirmed.

9/96 Reaffirmed.

3/99 Medical Policy Advisory Group

## **Policy: Patient Controlled Analgesics**

- 6/99 Reformatted, Definition of Procedure or Service changed, Medical Term Definitions added.
- 11/00 System coding changes.
- 3/01 Medical Policy Advisory Group review. No changes in criteria. Reaffirmed.
- 2/02 Coding format change.
- 10/02 Specialty Matched Consultant Advisory Panel reviewed. No change in policy. System coding changes.
- 5/04 Benefits Application and Billing/Coding sections updated for consistency.
- 8/12/04 Policy status changed to "Active policy, no longer scheduled for routine literature review."
- 10/2/06 Medical Policy changed to Evidence Based Guideline.

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.