

REPORTING POSTOPERATIVE PAIN PROCEDURES IN CONJUNCTION WITH ANESTHESIA

Committee of Origin: Economics

(Approved by the ASA House of Delegates on October 17, 2007

and last amended on October 28, 2015)

Placement of epidurals and peripheral nerve blocks for postoperative pain control is separate and distinct from surgical anesthesia services. Valuations for anesthetic codes do not include the work of providing these additional services and payment for them should not be bundled with that of the anesthetic service. These procedures may be reported in conjunction with an anesthesia service when certain specific conditions are met. A key consideration is clear recognition of the difference between regional anesthesia that is performed as the primary surgical anesthetic as opposed to that which is intended primarily to provide postoperative analgesia. Epidurals and peripheral nerve blocks performed for postoperative pain control may be separately reported whether they are administered preoperatively, intra-operatively or postoperatively. (See Medicare Claims Processing Manual, Chapter 12, Section 50 Subsection F (Revision Date 10/17/2014) and the National Correct Coding Initiative Manual for Medicare Services, Chapter 2 Section B Subsection 4 (Revision Date 1/1/2015)).

A provider may bill for a postoperative pain procedure as a service separate from the anesthetic if the pain procedure is employed primarily for postoperative analgesia and if the following conditions apply:

1. The anesthesia for the surgical procedure was not dependent upon the efficacy of the regional anesthetic technique–

For example, if a femoral nerve block is placed prior to knee surgery to provide prolonged postoperative analgesia, then a general, spinal or epidural anesthetic would have to be used for the actual knee surgery rather than simply monitored anesthesia care (MAC), the regional block alone or I.V. sedation to properly report the regional block separately. In this setting, if the patient was provided a block and only sedation was added, then it would be clear that the femoral block was the primary anesthetic rather than a mode of postoperative analgesia.

2. The time spent on pre- or postoperative placement of the block is separated and not included in reported anesthetic time–

Post surgical pain blocks are frequently placed before anesthesia induction or after anesthesia emergence. When the block is placed before the anesthesia start time or after the anesthesia end time, the time spent placing the block should not be added to the reported anesthesia time; this is true even if sedation and monitoring is provided to the patient during block placement.

3. Time for a post surgical block that occurs after induction and prior to emergence does not need to be deducted from reported anesthesia time–

In contrast to the statement in Paragraph 2 above, when the post surgical pain block is placed after induction and prior to emergence (i.e., during the anesthesia time), the time spent performing the block is not deducted from the total anesthesia time.

One means of portraying that the block's primary purpose is to be a postoperative analgesic is to dictate or record details about the procedure in the chart in a location *separate from the anesthetic record*. When documenting, it is important to discuss that:

1. The surgeon requested that the anesthesia team participate in the provision of postoperative analgesia,
2. The patient was involved in the process of defining the best plan for such analgesia,
3. The patient received additional information about the risks and benefits of such therapy *separate from the information regarding the anesthetic itself*, and consented to the post surgical pain procedure.

Some payers may require that the surgeon's request be documented by both the surgeon and the anesthesiologist.

Like all CPT codes, new and revised anesthesia codes are evaluated by the AMA/Specialty Society RVS Update Committee (the RUC) and recommendations for the base unit value for these codes are passed on to CMS. The basis for these recommendations is a survey of physicians who perform the service. The survey used for anesthesia codes includes a clear instruction, "Do not report time or work related to separately billable services such as postoperative pain management procedures or invasive monitoring procedures." Since anesthesia codes do not include the value of postoperative pain procedures, payment for those services should be separate from payment for anesthesia services.