Compliance Corner

REPORTING POST-OPERATIVE PAIN MANAGEMENT PROCEDURES IN 2013

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Reporting post-operative pain management procedures often gives rise to questions, especially toward the beginning of the new year when the Centers for Medicare and Medicaid Services (CMS) issues its National Correct Coding Initiative (NCCI) edits. Historically, epidurals and blocks that are placed pre-operatively for the purpose of managing post-operative pain have been, and still are, separately reportable and not bundled into the anesthesia service itself. The exception to this general rule is when the epidural or block is the anesthetic itself. While CMS has not called for significant changes in 2013, anesthesia providers should, nevertheless, be aware of new post-operative pain management coding changes taking effect January 1, 2013.

NCCI Edits

The NCCI edits for 2013 provide, in part, that certain post-operative pain management procedures may only be separately reportable with anesthesia if the mode of the anesthesia is general. Specifically, the NCCI edits set forth for some of the following additions:

- Epidural injections for post-operative pain management are separately reportable with anesthesia only if the mode of intraoperative anesthesia is general anesthesia and the adequacy of the intraoperative anesthesia is not dependent on the epidural injection;

- Peripheral nerve block injections administered for post-operative pain management are only separately reportable with anesthesia if the mode of intraoperative anesthesia is general anesthesia, subarachnoid injection, or epidural injection, and the adequacy of the intraoperative anesthesia is not dependent on the peripheral nerve block injection;

- Epidural injections or peripheral nerve block injections administered pre-operatively or intraoperatively are not separately reportable for post-operative pain management if the mode of anesthesia for the procedure is monitored anesthesia care (MAC), moderate conscious sedation, regional anesthesia by peripheral nerve block, or other type of anesthesia (*i.e.*, if the mode of anesthesia is not general);

- Epidural or subarachnoid injections utilized for intraoperative anesthesia and post-operative pain management are not separately reportable on the day the epidural or subarachnoid catheter were inserted; rather, the epidural or subarachnoid catheter may be reported for pain management beginning the day after insertion through discontinuance; and

- Reporting epidurals or peripheral nerve blocks in conjunction with

anesthesia must be accompanied by a modifier 59, which indicates that the epidural or block was administered for post-operative pain management.

While these new edits do not depart significantly from historical guidance, it is important for anesthesia providers to bear in mind the specific indication that post-operative pain management is separately reportable when the mode of anesthesia is general and *not* when the mode is MAC, moderate conscious sedation or regional.

ASA Guidance

In revisiting the ASA's, *Reporting Post-operative Pain Procedures in Conjunction with Anesthesia*, we are reminded that a provider may submit a claim for a regional anesthetic separate from the anesthetic, if the regional anesthetic is administered primarily for post-operative analgesia and if the following three conditions apply:

1. The anesthesia for the surgical procedures was not dependent upon the efficacy of the regional technique;

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

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

Documentation Tips

In reporting post-operative pain procedures in conjunction with anesthesia procedures, anesthesia providers should bear in mind, and ensure their documentation reflects, the following:

- The post-operative pain block was administered pursuant to a surgeon's request;

- Unless the pain block was administered after induction and prior to emergence, the time spent administering the block should be documented separately from the anesthesia time;

- When applicable, attach a modifier 59;

- The method for administering the block is separate from the method for administering the surgical anesthesia;

- Indicate the purpose or the reason for the block as well as the specific site of pain; and

- Indicate the type of block or catheter that was performed.

Administering post-operative pain management procedures in conjunction with anesthesia has been a topic of focus for both of anesthesia providers as well as CMS and ASA. Anesthesia providers should always bear in mind that when such services are furnished in the same case, the documentation must support a separately billable procedure. Additionally, anesthesia providers should always be looking to payor-specific and regionally-specific guidance to ensure all documentation requirements have been met. ▲

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