Codify
BY AAPC

Outpatient Facility Coding Alert

Reader Question: Check Documentation for Any Additional Post Operative Services

Question: The pain management specialist inserted a catheter for a continuous femoral nerve block for acute postoperative pain management for a patient following an open reduction internal fixation (ORIF) for a distal femur fracture. He checked in on the patient for two days to manage the continuous infusion Can I separately report the catheter insertion?

Kentucky Subscriber

Answer:

You can bill for the insertion of continuous femoral infusion catheter separately, as long as your provider did not use it as part of the anesthesia for the ORIF.

How to report: If your specialist placed the catheter for postoperative pain management, you would report 64448 (Injection, anesthetic agent; femoral nerve, continuous infusion by catheter [including catheter placement]).

The Correct Coding Initiative (CCI) edits bundle 64448 as a column 2 code into the majority of the anesthesia services codes, including 01360 (Anesthesia for all open procedures on lower one-third of femur). This bundling edit can be bypassed with a modifier, such as modifier 59 (Distinct procedural service), if the documentation supports that the catheter placement was indeed separate and distinct from the anesthesia services performed on the same date of service.

Remember: Since post-operative pain management is included in the global surgical fee schedule, payers place a lot of importance on the fact that the surgeon requested the service. You should ensure that you include documentation of this request when you bill

Post-operative pain management services provided by the anesthesiologist are starting to be an area of scrutiny for payers -- they're especially focusing on the medical necessity of post-operative visits and the level of service billed. Remember that the base units for the anesthesia service include the "usual postoperative anesthesia visit" and would not be separately billable. Documentation is the key to supporting the medical necessity of any provider services.