

## Pain Management Coding Alert

### Patient Care: Coding Post-op Pain Control Injections? Remember 5 Important Things

**Provider documentation can make or break your claim.**

Postoperative pain control is a standard part of care for some patients, such as those who have arthroscopic shoulder surgery. Being reimbursed for your pain management specialist's service isn't automatic, however, so remember some key points before submitting a separate claim for the injection or catheter placement.

**1. The injection or catheter placement must be administered by a different physician than the surgeon who performed the surgery.** You won't have any problem meeting this criterion, but it's still good to be aware of the guidelines.

**2. Your provider should complete a separate procedure report for the post-op pain management procedure.** It should not be part of the surgeon's operative report.

**3. The block used for post-op pain management** cannot be an extension of the anesthesia used during surgery. You need documentation of the start and stop times for surgical anesthesia and separate documentation of the post-op block's placement.

**4. Some coders recommend** that you submit separate claim forms for anesthesia during surgery and for the postoperative block, even if the same physician in your group provided both services. This isn't absolutely necessary, but it might help the payer understand the situation more easily.

**5. In most cases,** Medicare considers injections routinely used for postoperative pain control to be bundled into the orthopedic surgeon's global services. **You can, however, bill separately** for separate, medically necessary post-op pain management services that the surgeon is unable to provide. The surgeon needs to document the reason why care is being referred to an anesthesiologist or pain management provider. If you aren't able to file separately, you'll need to make an agreement with the surgeon regarding how to get your provider's payment from the surgeon's reimbursement.

Once you know separate billing is justified, be sure to submit the correct code based on the surgical site and the type of block administered.

**Shoulder surgery:** Report 64415 (Injection, anesthetic agent; brachial plexus, single) for a single injection or 64416 (...brachial plexus, continuous infusion by catheter [including catheter placement]) for infusion using a continuous infusion pump for post-op pain relief. Remember that an interscalene block is a block of the brachial plexus. Because of this, you should also submit 64415 for a single-shot interscalene block.

**Knee surgery:** Submit 64447 (Injection, anesthetic agent; femoral nerve, single) for a single femoral nerve injection or 64448 (...femoral nerve, continuous infusion by catheter [including catheter placement]) for a femoral block using a continuous infusion pump.

**Ankle or foot surgery:** CPT® does not include a code specific for nerve blocks to the ankle or foot area (such as for the sural nerve). Because of this, your best choice for a pain management injection in these cases is 64450 (Injection, anesthetic agent; other peripheral nerve or branch).