

Pain Management Coding Alert

Q&A: Make Connection With Surgeon on Postop Pain Management

Note from surgeon requesting PM help is useful info.

When your PM practice is charged with the postoperative pain management of another surgeon's patient, opportunity knocks and coding danger lurks.

The opportunity for rightful reimbursement is there, but you'll want to be careful not to make any missteps or you could be looking at a rejected claim.

For all the answers you need on providing postop pain management for another surgeon's patient, we checked in with two experts. Here's what they had to say.

Q: When might another provider need to perform postop pain management for a surgeon?

Kelly Dennis, MBA, ACS-AN, CAN-PC, CHCA, CPC, CPC-I, owner of Perfect Office Solutions in Leesburg, Florida.

"[Some providers] are trained in specialty blocks that surgeons were not trained to provide. These blocks and/or catheters allow patients to recover more quickly."

Judith L. Blaszczyk, RN, CPC, ACS-PM, ICDCT-CM, compliance auditor at ACE, Inc. in Overland Park, Kansas

"It has been shown that patients that receive nerve blocks/catheters typically have superior pain relief and get moving much more quickly than other modalities, thus promoting faster healing and preventing postop complications due to inactivity, such as pneumonia.

"Most surgeons are not trained to provide these blocks. These procedures can also decrease the need for opiates to manage pain, which, we all know, with the opioid crisis, is invaluable."

What are some of the postop pain management services a provider might perform?

Blaszczyk

"Often, postop pain after total knee procedures includes both femoral and sciatic nerve blocks/catheters to relieve pain both in the front and back of the knee: 64445 [Injection, anesthetic agent; sciatic nerve, single] and 64446 [... sciatic nerve, continuous infusion by catheter (including catheter placement)].

"Another modality that is increasing in usage are transversus abdominis plane blocks 64486 [Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)] through 64489 [Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)] for abdominal surgeries. The codes include single injection and catheters, but I more typically see the single injections performed close to the end of the surgery.

"Paravertebral blocks, also called paraspinous blocks, are used for postop pain in the thoracic area and are coded with 64461 [Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)] through 64463 [... continuous infusion by catheter (includes imaging guidance, when performed)]. Again, there is the option of coding for single injection or catheter placement."

Dennis

"The most common [treatments] would include 64445 and 64417 [Injection, anesthetic agent; axillary nerve]."

Do you have to document that the surgeon is requesting your provider take over postop pain management?

Dennis

"Yes!"

Blaszczyk

"The NCCI states that the surgeon needs to document the request for another provider to provide the postop pain management. We have actually seen, in a few cases, where the payer takes back the money paid to the provider who performed the block if they don't have an actual surgeon's order in the medical record.

"We encourage our clients to discuss this with the surgeon and, if he/she wants this service provided, to include this as an order in their pre- or postop orders. At the minimum, the block provider should do their own documentation that the surgeon has requested that they manage the postoperative pain."