

Pain Management Coding Alert

Reader Question: Keep 4 Points in Mind for Post-op Pain Management Injections

Question: We've recently begun to receive claims for payment for 01402 and 62311 on the same date of service, related to the same diagnosis and procedure. Is the 62311 injection payable for pain management, post surgical?

Minnesota Subscriber

Answer: If your provider performs 62311 (Injection[s], of diagnostic or therapeutic substance[s] [including anesthetic, antispasmodic, opioid, steroid, other solution], not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral [caudal]) for pain management and not part of the anesthesia technique, you can code it separately by appending modifier 59 (Distinct procedural service).

Medicare also has additional limitations. The following is from the Medicare NCCI Manual: "An epidural injection (CPT® code 623XX) for postoperative pain management may be reported separately with an anesthesia 0XXXX code only if the mode of intraoperative anesthesia is general anesthesia and the adequacy of the intraoperative anesthesia is not dependent on the epidural injection. ... An epidural or peripheral nerve block injection (code numbers as identified above) administered preoperatively or intraoperatively is not separately reportable for postoperative 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 not identified above."

Below are four key points to be watched before submitting a separate claim for the post-op injection or catheter placement.

- The injection or catheter placement must be administered by a different physician than the surgeon who performed the surgery. Medicare requires the surgeon to document in the patient's medical record why referring the post-op management to the anesthesiologist is necessary. "Typically, there's documentation to indicate the surgeon request post-anesthesia pain management in an attestation on the record."
- 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, and preferably not part of the anesthesia record if the same physician handled both aspects of the patient's pain relief (anesthesia during surgery and postoperative management). Keeping separate reports isn't absolutely necessary, but might help the payer better understand the situation □ which can speed up reimbursement.
- 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. Because of this, you'll also need to report separate codes for anesthesia and post-op pain management □ the appropriate 0XXXX code for anesthesia during surgery and the applicable pain management code.
- In most cases, Medicare considers injections routinely used for postoperative pain control to be bundled into the surgeon's global services. If you aren't able to file separately from the surgeon, you'll need to make an agreement with the surgeon regarding how to get your provider's payment from the surgeon's reimbursement.