

## Pain Management Coding Alert

### You Be the Coder: Brachial Plexus Block for Pain

**Question:** Our PM physician is treating a patient for postoperative pain after total shoulder replacement surgery. The patient reported recently for treatment, and the physician performed a brachial plexus block with ultrasound (US) guidance. How should I report this encounter?

Indiana Subscriber

**Answer:** On the claim, you'll report:

- 64415 (Injection, anesthetic agent; brachial plexus, single) for the injection.
- Modifier 59 (Distinct procedural service) appended to 64415 to show that the service is distinct from the US.
- 76942 (Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation) for the US.
- 338.18 (Other acute postoperative pain) appended to 64415 and 76942 to represent the patient's postop pain.

**X{ESPU}alert:** Modifier 59 isn't the only modifier you can use to separate procedures. If your payer prefers it, you should use the X{ESPU} modifiers in lieu of modifier 59. They're more specific, and in a few years they will probably replace modifier 59 altogether.

The X{ESPU} modifiers are:

- XE (Separate Encounter)
- XS (Separate Structure)
- XP (Separate Practitioner)
- XU (Unusual Non-Overlapping Service).

Although CMS officially accepts these modifiers, you should ensure that your payer processes claims using them before you report them. If the payer prefers 59, then use 59.

Also, you will need to document the ultrasound thusly, according to "Practice Parameter for the Performance of Selected Ultrasound-Guided Procedures" from the American Institute of Ultrasound in Medicine (AIUM):

>"Description of the use of ultrasound to localize the target and the essential elements of the procedure, including transducer position, approach to the target, and method of needle tracking (in plane or out of plane). Deviations from standard techniques are described and justified."