

Pain Management Coding Alert

You Be the Coder: Test Postop Pain Coding Skills

Question: An orthopedic surgeon performs total knee replacement on a patient, and then writes an order for your PM practice to manage the postoperative pain. The provider documents consistently, throughout the record, that the plan is for a block for postoperative pain. During the encounter, the PM provider performs a level three new patient evaluation and management (E/M) service for the patient before performing anesthetic single injections, as pain blocks, to the sciatic nerve and the femoral nerve. How should I code this encounter?

Massachusetts Subscriber

Answer: First, a big thank you to **Judith L. Blaszczyk, RN, CPC, ACS-PM, ICDCT-CM**, compliance auditor at ACE, Inc. in Overland Park, Kansas. She provided the clinical example, and the coding advice that follows.

You would report the blocks with 64445 (Injection, anesthetic agent; sciatic nerve, single) and 64447 (Injection, anesthetic agent; femoral nerve, single). Make sure to append modifier 59 (Distinct procedural service) to the block codes "to indicate that the blocks were not used for the anesthesia, but were a separate service for postop pain," explains Blaszczyk.

For the pre-injection E/M, report 99203 (Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity ...) with modifier 25 Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service) appended to show that the E/M was separate from the injections.

Lastly, be sure to append G89.18 (Other acute postprocedural pain) to 64445, 64447, and 99302 to indicate the patient's pain.