Reporting Post-Operative Pain Procedures in Conjunction with Anesthesia

Committee of Origin: Economics

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Placement of epidurals and peripheral nerve blocks for post-operative pain control (post-operative pain procedures) is separate and distinct from surgical anesthesia services. Valuations for anesthetic codes do not include the work of performing post-operative pain procedures and payment for them should not be bundled with that of the anesthetic service. These post-operative pain procedures may be reported in conjunction with an anesthesia service when certain specific conditions are met. A key consideration is clear recognition of the difference between regional anesthesia that is performed as the primary surgical anesthetic as opposed to post-operative pain procedures which are intended primarily to provide post-operative analgesia. Post-operative pain procedures performed primarily for post-operative analgesia may be separately reported whether they are administered pre-operatively, intra-operatively or post-operatively. (See Medicare Claims Processing Manual, Chapter 12, Section 50 Subsection F (Issued: 04-14-17; Effective: 01-01-17; Implementation: 05-15-17) and the National Correct Coding Initiative Manual for Medicare Services, Chapter 2 Section B Subsection 4 (Revision Date 1/1/2019)).

A post-operative pain procedure may be reported as a service separate from the anesthetic if the post-operative pain procedure is employed primarily for post-operative analgesia and if the following conditions apply:

1. **The anesthesia for the surgical procedure was not dependent upon the efficacy of the regional anesthetic technique–**
   For example, if a femoral nerve block is placed prior to knee surgery to provide post-operative analgesia, then a general, spinal or epidural anesthetic would have to be used as the primary anesthetic for the actual knee surgery. If sedation or monitored anesthesia care (MAC) are used in addition to the regional block to perform the surgical procedure, then it would be clear that the regional block was the primary anesthetic rather than a post-operative pain procedure.

2. **The time spent on pre- or post-operative placement of a block is separated and not included in reported anesthetic time–**
   Post-operative pain procedures are frequently placed before anesthesia start time or after anesthesia end time. When the block is placed before the anesthesia start time or after the anesthesia end time, the time spent placing the block should not be added to the reported anesthesia time; this is true even if sedation and monitoring is provided to the patient during the performance of the post-operative pain procedure.

3. **Time for a** post-operative pain procedure **that occurs after induction and prior to emergence does not need to be deducted from reported anesthesia time–**
   In contrast to the statement in Paragraph 2 above, when the post-operative pain procedure is placed after anesthesia induction or prior to emergence (intraoperatively), the time spent performing the block is not deducted from the total anesthesia time.

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4. **Time for a** post-operative pain procedure **that occurs after Anesthesia Start time and prior to anesthesia induction should be deducted from reported anesthesia time. –** Anesthesia start time is defined as the time when you begin to prepare the patient for the induction of anesthesia. If the post-operative pain procedure is performed after the anesthesia start time but before anesthesia induction, then the time taken to perform the post-operative pain proceduremust be deducted from the total anesthesia time.

One method for describing that theprimary purpose for the block is to provide post-operative analgesia is to dictate or record details about the procedure in a separate document in the medical record from the anesthetic record. When documenting, it is important to discuss that:

1. Some payers may require documentation thatthe surgeon requested the anesthesia team to participate in the provision of post-operative analgesia. Some other payers may require that the surgeon's request be documented by both the surgeon and the anesthesiologist.

2. The patient participated in the discussion regarding the most appropriate plan for post-operative analgesia,

3. A ~~separate~~ distinct informed consent process must be provided for the post-operative pain management plan including providing the patient with specific information about the risks and benefits of the proposed therapy.