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Billing for Regional Anesthesia Services

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We have recently examined how we can consistently bill for Regional Anesthesia Services at Nashville Surgery Center. As in everything we do, we should of course consider what's best for the patient, in terms of safety and in terms of reigning in health care costs. That being said, it is proper to charge for our services where appropriate.

1. **Supplemental Fee for Regional Block:** A supplemental fee can only be charged for a regional block if it is for "postoperative analgesia" and not considered the primary anesthetic. Any block performed following surgery, regardless of the intraoperative anesthetic, is a "postoperative analgesia" block. If a preoperative block accompanies general anesthesia, it is considered a "postoperative analgesia" block. General Anesthesia is defined by unresponsiveness, not by the presence of an airway device. Whether we proceed with TIVA-GA-nasal cannula will depend on patient requests (e.g. "I don't want to hear anything", etc...), surgeon requests (e.g. pt talking too much or moving too much), and success of block of course. MAC/sedation should include minimal to moderate sedation. TIVA-GA should be reserved for deep sedation/GA cases. Patients receiving Combined Spinal-Epidural can also be distinguished as TIVA-GA versus MAC/sedation depending on the depth of intraoperative sedation. *The anesthesia provider(s) in the OR and the regional anesthesiologist should confer and agree on what level of sedation the patient had during surgery.*
2. **Documentation:** If "unresponsive" under a TIVA-GA, we need to indicate that on our intraoperative note in Gas Chart. The anesthesia record should be consistent particularly the "General Anesthesia" tab and the Attending Intraoperative Note. In addition, the Star Panel note for the procedure needs to be consistent with the GasChart (the regional resident will review the list of patients with the attending at the end of the day and ensure Star Panel is consistent with Gas Chart).
3. **Continuous Peripheral Nerve Blocks (CPNB):** CPNBs are unique in that we are clearly providing "postoperative analgesia" for days. All CPNBs should be billed as "postoperative analgesia", and patients should be counseled for a combined regional/deep sedation/GA for their anesthetic (with or without an airway device). Unfortunately, there is no other way to bill for placement and management of a Home CPNB currently. If pts return to the NSC with a CPNB, we can bill for a follow-up catheter evaluation, like an inpatient, as long as we document an Evaluation/Management Note in Star Panel (and let Pam Gibson know that we evaluated the patient and wrote a note).

REGIONAL	INTRAOP	BLOCK DOCUMENTATION	INTRAOP DOCUMENTATION	BILLING
Postop block	Any	Postop analgesia		Intraop anesthetic + nerve block
Preop block	MAC	Primary anesthetic		Intraop anesthetic only
Preop block	TIVA-GA	Postop analgesia	"unresponsive" in attending note	Intraop anesthetic + nerve block
Preop block	GA	Postop analgesia		Intraop anesthetic + nerve block
CPNB	Any	Postop analgesia	"catheter placed for postop analgesia"	Intraop anesthetic + nerve catheter

We know this guidance appears overly complex and often fairly conservative. We are attempting to navigate a billing system that is applied inconsistently throughout the country while maintaining our integrity regarding legitimate billing practices. Please feel free to provide feedback to either POC regarding this policy.

Thanks,
 Raj & Randy