Setting Up a Regional Anesthesia Program that Provides Value

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Stryker, I-Flow – Educational Programs

Overview

- **Why?** *(Why do regional anesthesia?)*
- **Who?** *(Who are your customers?)*
- **What?** *(What do you need?)*
- **How?** *(How do you bill for services?)*
- **When?** *(When should you start?)*
Why Do Regional Anesthesia?

Superior Analgesia

- Specific to the site of surgery
- Opioid-sparing
- Less systemic side effects
- Multi-modal regimen
- JCAHO 5th vital sign
Less Postoperative Nausea

- Macario et al (1999): Patients want to avoid PONV
- Avoidance of GA
- Increased patient satisfaction

Healthcare is now consumer-driven
Patients are well-educated and make own choices

Regional Anesthesia in the News

June 2007
Setting Up a Regional Anesthesia Service

Faster PACU Discharge

- Less PONV and pain
- Early ambulation
- Fast-tracking to Phase 2
- Shorter time to home readiness


Who Are Your “Customers?”

Patients and Families

The Hospital

Partners

Surgeons
The “Hidden” Customer

Administration

- Large fixed cost = overhead:
  - Major equipment
  - Space
  - Personnel
- Small marginal cost
  - Individual block supplies

Potential Cost Savings

- Decreased PACU length of stay
- Decreased PACU nurse:patient staffing
- Less unplanned hospital admissions
- Decreased equipment costs
- More surgeries performed as outpatient
- *Example: short-stay TKA*
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Develop Charge Bundles

- Anesthesia equipment and pharmacy fees make up a small % of the overall perioperative bill
- Anesthesia is commonly charged as a “flat fee” (not itemized)
- Regional anesthesia uses unique supplies and medications = new charges
- Itemization may also decrease costs

Macario A. et al. Anesthesiology 1995;83:1138-44

What Do You Need?

- Support from surgeons
- Personnel to perform procedures
  - Dedicated regional anesthesia staff vs.
  - All practitioners trained in regional anesthesia
- Centralized supplies
- Space (an induction area or “block room”)
- Teamwork with perioperative staff
Surgeon’s 3 Biggest Concerns

1. “The block better not fail”
2. “I don’t want to deal with any complications from the block”
3. “The block can’t slow me down (cause delays)”


Storing Supplies: the Block Cart

- Antiseptic solution
- Sterile gloves
- Needles and syringes
- Nerve stimulator
- Local anesthetics
- Dressing supplies
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The Ideal: a “Block Room”

- Dedicated space
- Standard ASA monitors available
- Oxygen source
- Resuscitation equipment

What if you don’t have a block room?

Alternate Block Locations

- Preoperative holding
- Postanesthesia care unit
  - For Preop or Postop blocks
- Operating room
  - Early while nurses still preparing equipment
  - During preoxygenation prior to induction
Use an Algorithm

- Femoral Nerve Catheter
- Stimulating Catheter
- Non-Stimulating Catheter
- Fascia Iliaca Catheter

Teamwork: Develop a System

- Plan ahead: identify patients *early*
  - Surgeon referral
  - Preoperative evaluation clinic
  - Review schedules prior to day of surgery
- *Triage* block patients – work with admissions and preoperative nursing
- Ensure appropriate postop care by communicating with nursing and PT
How Do You Bill for Services?

*Although appreciation does count*

**Rules to Bill By**

- Use the correct CPT code for procedure
- Commit to an ICD-9 pain diagnosis
- Document surgeon request for postop pain management consult
- Separate block performance from intraop anesthesia
  - Separate documentation
  - Different provider
  - Modifier -59 (postop pain)
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Coding for Single Injection Blocks

<table>
<thead>
<tr>
<th>Injection Site</th>
<th>CPT Code</th>
<th>Units Charged</th>
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<tbody>
<tr>
<td>Brachial Plexus</td>
<td>64415</td>
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<tr>
<td>Axillary</td>
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<tr>
<td>Sciatic</td>
<td>64445</td>
<td>7</td>
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<tr>
<td>Lumbar Plexus</td>
<td>64483</td>
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<tr>
<td>Other</td>
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<td>5</td>
</tr>
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</table>

Block for postop is charged as service 2 (not time-based)
Use -59 modifier to separate postop block from intraop anes

Ultrasound Guidance – 76942

- Need to capture and print image
- Describe:
  - Relevant anatomy
  - Nerve localization
  - Local anesthetic injection
  - Avoidance of complications
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## Coding for CPNB

<table>
<thead>
<tr>
<th>Catheter Site</th>
<th>CPT Code</th>
<th>Units Charged</th>
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<tbody>
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<td>Lumbar Plexus</td>
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<tr>
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</table>

CPNB for postop is charged as service 2 (not time-based)

Use -59 modifier to separate postop CPNB from intraop anes

Unit charge includes 10-day global follow-up fee

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## ICD-9 Pain Diagnosis Codes

<table>
<thead>
<tr>
<th>Pain Site</th>
<th>Code</th>
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<th>Code</th>
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</thead>
<tbody>
<tr>
<td>Shoulder</td>
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<td>Hip</td>
<td>719.45</td>
</tr>
<tr>
<td>Upper Arm</td>
<td>719.42</td>
<td>Thigh/Pelvic</td>
<td>719.45</td>
</tr>
<tr>
<td>Elbow</td>
<td>719.42</td>
<td>Lower Leg</td>
<td>719.46</td>
</tr>
<tr>
<td>Forearm</td>
<td>719.43</td>
<td>Knee</td>
<td>719.46</td>
</tr>
<tr>
<td>Wrist</td>
<td>719.43</td>
<td>Ankle</td>
<td>719.47</td>
</tr>
<tr>
<td>Hand</td>
<td>719.44</td>
<td>Foot</td>
<td>719.47</td>
</tr>
</tbody>
</table>
Billing for Acute Pain Service

- 10-day follow-up is included in initial CPNB charge
- Inpatient pain consult (non-surgical) = 99251-55
- Inpatient follow-up for pain consults and med management = 99231-33
  - Routine follow-up with low complexity = 99231

Sample Procedure Note

<table>
<thead>
<tr>
<th>Date: <em><strong>/</strong></em>/20__</th>
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</table>

**Procedure #1: Lx / Rt (circle)**

- Anesthesiologist Performing Procedure: _______
- Procedure Start Time: ______ (HH-MM)
- Procedure End Time: ______ (HH-MM)
- Procedure Code: ______

**Motor Response:** 
- sensation: ____________
- Motor response: ____________
- Depth (cm): ____________

**Ultrasound-Guided:**
- Technique: ____________
- Needle: ________________
- Technique: ________________
- Ultrasound-guided: ____________
- Loss of resistance: ____________

**Intravenous:**
- Type: ____________
- Rate: ____________
- Time: ____________

**Intravenous Infusion:**
- Rate: ____________
- Type: ____________
- Time: ____________

**Blood:**
- Type: ____________
- Rate: ____________
- Time: ____________

**Procedure Complications:**

**Acute Care:**
- Pain on injection: ______
- Supplement: ______
- Blood aspiration: ______

**Procedure:**
- Relevant anatomy identified (nerves, vessels, muscles)
- Local anesthetic spread visualized around nerve(s)
- Vascular puncture avoided
- Ultrasound-guided catheter placed: ______
- yes  no

**Indication for Procedure(s):**
- This procedure was performed at the request of the admitting physician for postoperative pain control or scheduled surgery.

**Attending Signature:**
- Signature: ____________
- Date: ______
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When Should You Start?

- Need time to try new things (CPNB, ultrasound, new approaches)
- Take it slowly and be patient
  - 1st case starts (more time)
  - Consider blocks when cases will not be delayed (at first)
- Apply the right model to the individual practice setting
- Select appropriate patients and surgeons

Questions?

Happy patients will request you again in the future!