

UNIVERSAL DOCUMENTATION SHEET FOR PERIPHERAL NERVE BLOCKS

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Reimbursements for peripheral nerve blocks (PNB's) can be complicated by charge bundles that utilize specific procedure codes (CPT) and unit values.¹⁻² Individual providers use specific information contained in the patient's medical records for reimbursement. Careful documentation for PNB's should include: Surgical diagnosis, name of surgeon requesting regional service, and details of procedure (specific nerve block, reason of nerve block, type of needle and catheter used, ultrasound guided versus neurostimulation technique, and the local anesthetic used). In addition, attaching a printed photograph of the nerve block procedure (containing patient identification and localization of the nerve) will also aid in reimbursements from insurance providers. We at NYSORA have found huge discrepancies in billed amount for PNB's compared to what is reimbursed by different providers.³ We have developed a universal billing sheet for institution to aid in reimbursements. *The Journal of NYSORA 2009; 12: 23-24*

REFERENCES

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2. Gerancher JC, Viscusi ER, Liguori Ga, McCartney CI, Williams BA, Ilfeld BM, Grant SA, Hebl JR, Hadzic A. Development of a standardized peripheral nerve block procedure note form. *Regional Anesthesia and Pain Medicine*. 2005; 30(1):67-71.
3. Powell K, Gandhi K, Xu D, Patel V, and Hadzic A. Disparities in Reimbursement Rates for Regional Anesthesia Procedure for Post-operative Pain Control. *Regional Anesthesia and Pain Medicine*. 2009: 32:94.

Institution Name: Nerve Block PROCEDURE RECORD Date & Time: _____ Referring M.D.: _____ Surgical Procedure: _____ Preoperative Diagnosis: _____ Indication: <input type="checkbox"/> Surgical <input type="checkbox"/> Pain Management ANESTHETIZING LOCATION: _____		Patient Name _____ Medical Record # _____ Age _____ (Patient name plate stamp)	
<input type="checkbox"/> SITE MARKED: Left/Right <input type="checkbox"/> CONSENT on chart: <input type="checkbox"/> Surgical <input type="checkbox"/> Anesthesia <input type="checkbox"/> TIMEOUT performed			
Nerve Block Procedure <input type="checkbox"/> ULTRASOUND GUIDED 76942	Single <input type="checkbox"/> Interscalene <input type="checkbox"/> 64415 <input type="checkbox"/> Supraclavicular <input type="checkbox"/> 64415 <input type="checkbox"/> Infraclavicular <input type="checkbox"/> 64415 <input type="checkbox"/> Axillary <input type="checkbox"/> 64417 <input type="checkbox"/> Lumbar Plexus <input type="checkbox"/> 64483 <input type="checkbox"/> Femoral <input type="checkbox"/> 64447 <input type="checkbox"/> Sciatic/Popliteal <input type="checkbox"/> 64445 <input type="checkbox"/> Ankle/Wrist <input type="checkbox"/> 64450 <input type="checkbox"/> Paravertebral <input type="checkbox"/> 64520 <input type="checkbox"/> Other _____	Catheter <input type="checkbox"/> 64416 <input type="checkbox"/> 64416 <input type="checkbox"/> 64416 <input type="checkbox"/> 64416 <input type="checkbox"/> 64449 <input type="checkbox"/> 64448 <input type="checkbox"/> 64446 <input type="checkbox"/> _____	ICD-9 Pain Diagnosis <input type="checkbox"/> Shoulder <input type="checkbox"/> 719.41 <input type="checkbox"/> Upper Arm/ Elbow <input type="checkbox"/> 719.42 <input type="checkbox"/> Forearm/Wrist <input type="checkbox"/> 719.43 <input type="checkbox"/> Hand <input type="checkbox"/> 719.44 <input type="checkbox"/> Hip/Thigh <input type="checkbox"/> 719.45 <input type="checkbox"/> Knee/Leg <input type="checkbox"/> 719.46 <input type="checkbox"/> Foot/Ankle <input type="checkbox"/> 719.47 <input type="checkbox"/> Other <input type="checkbox"/> _____ Approach <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Lateral <input type="checkbox"/> Other: _____
Monitors	<input type="checkbox"/> Blood Pressure <input type="checkbox"/> EKG <input type="checkbox"/> Other _____ <input type="checkbox"/> Pulse Oximetry <input type="checkbox"/> ETCO2 _____	Oxygen _____ (L/min) <input type="checkbox"/> Nasal cannula <input type="checkbox"/> Mask <input type="checkbox"/> Other: _____	
Premedication (in last 30mins)	<input type="checkbox"/> Midazolam ___ mg <input type="checkbox"/> Propofol ___ mg <input type="checkbox"/> Alfentanil ___ mcg <input type="checkbox"/> Hydromorphone ___ mg <input type="checkbox"/> Fentanyl ___ mcg <input type="checkbox"/> Morphine ___ mg <input type="checkbox"/> Other _____	Level of Sedation <input type="checkbox"/> Patient awake. <input type="checkbox"/> Patient sedated. Easily aroused and conversant. <input type="checkbox"/> Patient under general anesthesia. <input type="checkbox"/> Patient under spinal/epidural/PNB.	
Needle	<input type="checkbox"/> Manufacturer: _____ <input type="checkbox"/> Model: _____ <input type="checkbox"/> gauge: _____ Size: <input type="checkbox"/> 50mm <input type="checkbox"/> 100mm <input type="checkbox"/> Other: _____ Catheter: <input type="checkbox"/> Stimulating <input type="checkbox"/> Non-stimulating	Prep <input type="checkbox"/> Sterile prep <input type="checkbox"/> Sterile drape <input type="checkbox"/> Betadine/Chlorhexidine <input type="checkbox"/> Sterile gloves	
Local Anesthetic	Type and Concentration	Vol(mL)	Additives
	<input type="checkbox"/> Chloroprocaine _____% <input type="checkbox"/> Lidocaine _____% <input type="checkbox"/> Mepivacaine _____% <input type="checkbox"/> Ropivacaine _____% <input type="checkbox"/> Bupivacaine _____% Other: _____%	_____	<input type="checkbox"/> Epinephrine (1:___ 00,00) <input type="checkbox"/> Bicarbonate (0.1meq/ml) <input type="checkbox"/> Other _____
Procedure Notes	Start time: _____ End time: _____ Length of Procedure: _____ <input type="checkbox"/> Skin anesthetized with local anesthetic. Pt Position: _____ Needle depth: _____ cm Minimal current: _____ mA Number of attempts: _____ Type of motor response (describe): _____ <input type="checkbox"/> Catheter depth @ skin: _____ cm Blood aspirated <input type="checkbox"/> No <input type="checkbox"/> Yes- Action Taken: _____ Pain on injection <input type="checkbox"/> No <input type="checkbox"/> Yes- Action Taken: _____ Injection pressure > 20 PSI <input type="checkbox"/> No <input type="checkbox"/> Yes- Action Taken: _____		
<input type="checkbox"/> Attending performed the procedure Signature: _____ (Date & Time)		<input type="checkbox"/> Attending was present for the critical portions of the procedure Attending Resident(s) Signature: _____ (Date & Time)	
Print: _____		Print: _____	

*To bill for US guidance, a permanent image of nerve block should be attached to the documentation. Please document patient name, target nerve, and local anesthetic spread on attached image.