

PROVIDER BULLETIN

PROVIDER INFORMATION



May 12, 2014

Edit clarification to post-operative pain block procedures

This Bulletin replaces information found in Provider Bulletin P33-13 that was published on November 22, 2013, and Bulletin P3-14 issued January 30, 2014.

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has revised our edit for nerve blocks administered prior to induction of general anesthesia. The revised edit allows nerve blocks (62310, 62311, 62318, 62319, 64415, 64416, 64445, 64446, 64447, 64448, 64449 and 64450) for post-operative pain for **shoulder and knee orthopedic** procedures only, and the nerve blocks should be billed with procedure modifier -59, indicating a distinct procedural service. Medical documentation does not need to be sent with the claim in these situations. Because the previous bulletins were not clear that the edit was for specific procedures, we will reprocess certain nerve block services for a limited time. The recovery criteria is below.

Recovery criteria

Nerve block services that were previously denied as incidental to procedures will be reprocessed in a recovery effort by Blue Cross. Claims eligible for this recovery will be limited to those with **all** of the following criteria:

- Procedure codes: 62310, 62311, 62318, 62319, 64415, 64416, 64445, 64446, 64447, 64448, 64449 or 64450 that were submitted with procedure modifier 59
- Procedures denied stating: "This procedure is incidental to another procedure processed on this or another claim. Because you are a participating provider, this charge is your responsibility."
- Dates of service: January 1, 2014, through July 1, 2014

There is no need to appeal the denials included in the recovery; however, if you have already appealed a denial, it will not be sent back to you nor will you be notified separately. This is being done to lessen the duplication of claims reprocessing.

Medical record documentation reminder

Coverage for nerve blocks for all other post-operative procedures will be determined upon review. Separate documentation is required for regional nerve blocks when administered before general anesthesia so it distinguishes it from the main anesthesia report.

Blue Cross Audit may request documentation that includes **all** of the following:

- 1) A separate procedure note including the specific details of nerve(s) blocked,
- 2) The time the nerve block was administered,
- 3) The type of guidance that was used, if any, to administer the nerve block, and
- 4) Full name, credentials and signature of the qualified anesthesia provider performing the nerve block.

Coding requirements reminder

All coding and reimbursements are subject to changes, updates or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (for example, HCPCS, CPT, ICD-9-CM), only valid codes for the date of service may be submitted or accepted.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

Distribution: All participating providers impacted by the information in this Bulletin
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