

PROVIDER BULLETIN

PROVIDER INFORMATION



This Bulletin was revised on 5/12/14. See P3R1-14 for the revision.

January 30, 2014

Clarification to post-operative pain block recovery request and edit removal notification

This Bulletin includes revised information for Provider Bulletin P33-13 that was published on November 22, 2013.

Effective January 1, 2014, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will allow payment for nerve blocks when administered prior to induction by general anesthesia for post-operative pain. If meeting this criteria, 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.

Services that were previously denied as incidental to another procedure are in the process of being reprocessed in a recovery effort by Blue Cross. Recovery includes **all** of the following criteria:

- Procedure codes: 62310, 62311, 62318, 62319, 64415, 64416, 64445, 64446, 64447, 64448, 64449 and 64450 that were submitted with procedure modifier 59
- Claims denials 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: August 1, 2013, through December 31, 2013

There is no need to appeal the denials included in the recovery; however, if you have 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

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
- 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
Bulletin P3-14

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