

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-032
Subject: Pain Management
Effective Date: March 5, 2018 **End Date:**
Issue Date: August 7, 2023 **Revised Date:** August 2023
Date Reviewed: July 2023
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
Applicable Claim Type	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

REIMBURSEMENT GUIDELINES:

Patient Controlled Analgesia (PCA)

Any PCA services performed after the anesthesia care has ended, including initial set-up, subsequent adjustments, or follow-up related to this therapy are considered routine postoperative pain management, regardless of who performs it. When performed by the physician who administered anesthesia, or by a member of his group/association, the postoperative pain management is part of the global anesthesia allowance and, if billed separately, the pain management is not eligible for separate reimbursement. However, when postoperative pain management is provided by a physician other than those specified above, it will be denied as not covered. A participating or network provider can bill the member for the denied service.

PCA administered for nonsurgical pain management is considered a service that is included in a physician's medical care; therefore, it is not eligible as a separate and distinct service when performed with medical care. If nonsurgical PCA is reported on the same day as medical care, and the charges are itemized, the Plan will combine the charges and pay only the medical care. Payment for the medical care performed on the same date of service includes the allowance for the nonsurgical PCA.

If the nonsurgical PCA is performed independently, process it under code 99499.

When patient-controlled analgesia (PCA) is initiated in the recovery room by an anesthesiologist as part of his anesthesia time, the initial set-up time for PCA may be incorporated into the total number of anesthesia time units reported.

Note: Modifier 25 may be reported with medical care to identify it as a significant, separately identifiable service from the nonsurgical PCA. Modifier FT may be reported to identify an unrelated

evaluation and management (e/m) visit during a postoperative period, or on the same day as a procedure or another e/m visit.

When the 25 or FT modifier is reported, the patient's medical records must clearly document that separately identifiable medical care has been rendered.

Epidural Analgesia

The pre-, intra-, or post-operative insertion of an epidural catheter for post-operative pain control is not considered part of the global anesthesia allowance, and therefore, is eligible for separate payment. Daily Management of epidural drug administration is also eligible for separate payment after the day on which the catheter is inserted. Daily Management reported on the same day as the catheter insertion is not covered. A participating or network provider cannot bill the member for Daily Management on the same day as the catheter insertion.

Payment can also be made for the insertion of an epidural catheter for the treatment of a nonsurgical condition. Daily Management of epidural drug administration is also eligible for separate payment after the day on which the catheter is inserted. Daily Management reported on the same day as the catheter insertion is not covered. A network provider cannot bill the member for Daily Management on the same day as the catheter insertion.

Any follow-up care should be reimbursed based on the level of medical care reported (e.g., intermediate, extended, etc.).

Note: Modifier 59 may be reported with a non-E/M service, to identify it as distinct or independent from other non-E/M services performed on the same day. When modifier 59 is reported, the patient's medical records must support its use in accordance with CPT guidelines.

Applicable codes: 62321 62322 62323 62324 62325 62327

Nerve Blocks

An injection/block administered pre-, intra-, or postoperatively is not considered part of the global anesthesia allowance and, therefore, is eligible for separate payment.

Applicable codes:

62273	62280	62281	62282	G9770	64999	64530	64520	64400
64405	64408	64415	64417	64418	64420	64421	64425	64430
64435	64445	64447	64450	64461	64462	64463	64505	64510
64517	64520							

DEFINITIONS:

Various methods of pain management may be used for both post-operative and nonsurgical pain control. The most common techniques include the following.

Term	Definition
Patient Controlled Analgesia	Patient controlled analgesia therapy is a technique for pain management that involves self-administration of intravenous drugs through an infusion device.

Epidural Analgesia	Epidural analgesia involves the administration of a narcotic drug through an epidural catheter.
Nerve Blocks	A nerve block involves the injection of an anesthetic agent into or around a given nerve.

Modifier	Definition
25	Significant, separately identifiable E&M service by the same physician or other qualified health care professional on the same day.
59	Distinct procedural service.
FT	Unrelated evaluation and management (E/M) visit during a postoperative period, or on the same day as a procedure or another E/M visit. (Report when an E/M visit is furnished within the global period but is unrelated, or when one more additional E/M visits furnished on the same day are unrelated.

RELATED POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS, XU, FT
- RP-014: Multiple Surgical Procedures
- RP-035: Correct Coding Guidelines

POLICY UPDATE HISTORY INFORMATION:

3 / 2018	Implementation
1 / 2020	Removed codes 64402, 64410 and 64413
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added modifier FT
6 / 2022	Removed CPT codes 62310, 62311, 62318, 62319. Removed Medical Policy references A-8, S-100, S-40, S-189, Z-61.
8 / 2023	Administrative policy review with no changes in policy direction

Highmark Reimbursement Policy Bulletin

HISTORY VERSION



Bulletin Number: RP-032
Subject: Pain Management
Effective Date: March 5, 2018 **End Date:**
Issue Date: July 18, 2022 **Revised Date:** June 2022
Date Reviewed: June 2022
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
Applicable Claim Type	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

REIMBURSEMENT GUIDELINES:

Patient Controlled Analgesia (PCA)

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PCA administered for nonsurgical pain management is considered a service that is included in a physician's medical care; therefore, it is not eligible as a separate and distinct service when performed with medical care. If nonsurgical PCA is reported on the same day as medical care, and the charges are itemized, the Plan will combine the charges and pay only the medical care. Payment for the medical care performed on the same date of service includes the allowance for the nonsurgical PCA.

If the nonsurgical PCA is performed independently, process it under code 99499.

When patient-controlled analgesia (PCA) is initiated in the recovery room by an anesthesiologist as part of his anesthesia time, the initial set-up time for PCA may be incorporated into the total number of anesthesia time units reported.

Note: Modifier 25 may be reported with medical care to identify it as a significant, separately identifiable service from the nonsurgical PCA. Modifier FT may be reported to identify an unrelated

evaluation and management (e/m) visit during a postoperative period, or on the same day as a procedure or another e/m visit.

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Note: Modifier 59 may be reported with a non-E/M service, to identify it as distinct or independent from other non-E/M services performed on the same day. When modifier 59 is reported, the patient's medical records must support its use in accordance with CPT guidelines.

Applicable codes: 62321 62322 62323 62324 62325 62327

Nerve Blocks

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Applicable codes:

62273	62280	62281	62282	G9770	64999	64530	64520	64400
64405	64408	64415	64417	64418	64420	64421	64425	64430
64435	64445	64447	64450	64461	64462	64463	64505	64510
64517	64520							

DEFINITIONS:

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Patient Controlled Analgesia: Patient controlled analgesia therapy is a technique for pain management that involves self-administration of intravenous drugs through an infusion device.

Epidural Analgesia: Epidural analgesia involves the administration of a narcotic drug through an epidural catheter.

Nerve Blocks: A nerve block involves the injection of an anesthetic agent into or around a given nerve.

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- R-014: Multiple Surgical Procedures
- R-009: Modifiers 25, 59, XE, XP, XS, XU, FT

POLICY UPDATE HISTORY INFORMATION:

3 / 2018	Implementation
1 / 2020	Removed codes 64402, 64410 and 64413
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added modifier FT
6 / 2022	Removed CPT codes 62310, 62311, 62318, 62319. Removed Medical Policy references A-8, S-100, S-40, S-189, Z-61.

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-032
Subject: Pain Management
Effective Date: March 5, 2018 **End Date:**
Issue Date: January 10, 2022 **Revised Date:** January 2022
Date Reviewed: December 2021
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
Applicable Claim Type	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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REIMBURSEMENT GUIDELINES:

Patient Controlled Analgesia (PCA)

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Note: Modifier 25 may be reported with medical care to identify it as a significant, separately identifiable service from the nonsurgical PCA. Modifier FT may be reported to identify an unrelated

evaluation and management (e/m) visit during a postoperative period, or on the same day as a procedure or another e/m visit.

When the 25 or FT modifier is reported, the patient's medical records must clearly document that separately identifiable medical care has been rendered.

Epidural Analgesia

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Payment can also be made for the insertion of an epidural catheter for the treatment of a nonsurgical condition. Daily Management of epidural drug administration is also eligible for separate payment after the day on which the catheter is inserted. Daily Management reported on the same day as the catheter insertion is not covered. A network provider cannot bill the member for Daily Management on the same day as the catheter insertion.

Any follow-up care should be reimbursed based on the level of medical care reported (e.g., intermediate, extended, etc.).

Note: Modifier 59 may be reported with a non-E/M service, to identify it as distinct or independent from other non-E/M services performed on the same day. When modifier 59 is reported, the patient's medical records must support its use in accordance with CPT guidelines.

Applicable codes: 62321 62322 62323 62324 62325 62327

Nerve Blocks

An injection/block administered pre-, intra-, or postoperatively is not considered part of the global anesthesia allowance and, therefore, is eligible for separate payment.

Applicable codes:

62273	62280	62281	62282	62310	62311	62318	62319	64400
64405	64408	64415	64417	64418	64420	64421	64425	64430
64435	64445	64447	64450	64461	64462	64463	64505	64510
64517	64520	64530	64999	G9770				

DEFINITIONS:

Various methods of pain management may be used for both post-operative and nonsurgical pain control. The most common techniques include the following.

Patient Controlled Analgesia: Patient controlled analgesia therapy is a technique for pain management that involves self-administration of intravenous drugs through an infusion device.

Epidural Analgesia: Epidural analgesia involves the administration of a narcotic drug through an epidural catheter.

Nerve Blocks: A nerve block involves the injection of an anesthetic agent into or around a given nerve.

RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- A-8: Payment for Anesthesia Services
- S-100: Multiple Surgical Procedures
- S-40: Implantable Infusion Pump
- S-189: Transforaminal Epidural Injection
- Z-61: Paravertebral Facet Joint Nerve Blocks

Refer to the following Reimbursement Policies for additional information:

- R-014: Multiple Surgical Procedures
- R-009: Modifiers 25, 59, XE, XP, XS, XU, FT

POLICY UPDATE HISTORY INFORMATION:

3 / 2018	Implementation
1 / 2020	Removed codes 64402, 64410 and 64413
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added modifier FT

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-032
Subject: Pain Management
Effective Date: March 5, 2018
Issue Date: November 1, 2021
Date Reviewed: July 2021
Source: Reimbursement Policy

End Date:
Revised Date: July 2021

Applicable Commercial Market

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

Applicable Claim Type

UB 1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

REIMBURSEMENT GUIDELINES:

Patient Controlled Analgesia (PCA)

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PCA administered for nonsurgical pain management is considered a service that is included in a physician's medical care; therefore, it is not eligible as a separate and distinct service when performed with medical care. If nonsurgical PCA is reported on the same day as medical care, and the charges are itemized, the Plan will combine the charges and pay only the medical care. Payment for the medical care performed on the same date of service includes the allowance for the nonsurgical PCA.

If the nonsurgical PCA is performed independently, process it under code 99499.

When patient controlled analgesia (PCA) is initiated in the recovery room by an anesthesiologist as part of his anesthesia time, the initial set-up time for PCA may be incorporated into the total number of anesthesia time units reported.

Note: Modifier 25 may be reported with medical care to identify it as a significant, separately identifiable service from the nonsurgical PCA. When the 25 modifier is reported, the patient's medical records must clearly document that separately identifiable medical care has been rendered.

Epidural Analgesia

The pre-, intra-, or post-operative insertion of an epidural catheter for post-operative pain control is not considered part of the global anesthesia allowance, and therefore, is eligible for separate payment. Daily Management of epidural drug administration is also eligible for separate payment after the day on which the catheter is inserted. Daily Management reported on the same day as the catheter insertion is not covered. A participating or network provider cannot bill the member for Daily Management on the same day as the catheter insertion.

Payment can also be made for the insertion of an epidural catheter for the treatment of a nonsurgical condition. Daily Management of epidural drug administration is also eligible for separate payment after the day on which the catheter is inserted. Daily Management reported on the same day as the catheter insertion is not covered. A network provider cannot bill the member for Daily Management on the same day as the catheter insertion.

Any follow-up care should be reimbursed based on the level of medical care reported (e.g., intermediate, extended, etc.).

Note: Modifier 59 may be reported with a non-E/M service, to identify it as distinct or independent from other non-E/M services performed on the same day. When modifier 59 is reported, the patient's medical records must support its use in accordance with CPT guidelines.

Applicable codes: 62321 62322 62323 62324 62325 62327

Nerve Blocks

An injection/block administered pre-, intra-, or postoperatively is not considered part of the global anesthesia allowance and, therefore, is eligible for separate payment.

Applicable codes:

62273	62280	62281	62282	62310	62311	62318	62319	64400
64405	64408	64415	64417	64418	64420	64421	64425	64430
64435	64445	64447	64450	64461	64462	64463	64505	64510
64517	64520	64530	64999	G9770				

DEFINITIONS:

Various methods of pain management may be used for both post-operative and nonsurgical pain control. The most common techniques include the following.

Patient Controlled Analgesia: Patient controlled analgesia therapy is a technique for pain management that involves self-administration of intravenous drugs through an infusion device.

Epidural Analgesia: Epidural analgesia involves the administration of a narcotic drug through an epidural catheter.

Nerve Blocks: A nerve block involves the injection of an anesthetic agent into or around a given nerve.

RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- A-8: Payment for Anesthesia Services
- S-100: Multiple Surgical Procedures
- S-40: Implantable Infusion Pump
- S-189: Transforaminal Epidural Injection
- Z-61: Paravertebral Facet Joint Nerve Blocks

Refer to the following Reimbursement Policies for additional information:

- R-014: Multiple Surgical Procedures
- R-009: Modifiers 25, 59, XE, XP, XS and XU

POLICY UPDATE HISTORY INFORMATION:

3 / 2018	Implementation
1 / 2020	Removed codes 64402, 64410 and 64413
11 / 2021	Added NY region applicable to the policy

Highmark Reimbursement Policy Bulletin



[CLICK FOR HISTORY VERSIONS](#)

Bulletin Number: RP-032
Subject: Pain Management
Effective Date: March 5, 2018 **End Date:**
Issue Date: January 1, 2020 **Revised Date:** January 2020
Date Reviewed: December 2019
Source: Reimbursement Policy

Applicable Commercial Market	PA <input checked="" type="checkbox"/>	WV <input checked="" type="checkbox"/>	DE <input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA <input type="checkbox"/>	WV <input type="checkbox"/>	
Applicable Claim Type	UB <input type="checkbox"/>	1500 <input checked="" type="checkbox"/>	

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

DEFINITIONS:

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REIMBURSEMENT GUIDELINES:

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Applicable codes:

62273 62280 62281 62282 62310 62311 62318 62319 64400

64405	64408	64415	64417	64418	64420	64421	64425	64430
64435	64445	64447	64450	64461	64462	64463	64505	64510
64517	64520	64530	64999	G9770				

RELATED HIGHMARK POLICIES:

Refer to the following Medical Policies for additional information:

- Medical Policy A-8: Payment for Anesthesia Services
- Medical Policy S-100: Multiple Surgical Procedures
- Medical Policy S-40: Implantable Infusion Pump
- Medical Policy S-189: Transforaminal Epidural Injection
- Medical Policy Z-61: Paravertebral Facet Joint Nerve Blocks

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- Reimbursement Policy R-009: Modifiers 25, 59, XE, XP, XS and XU

POLICY UPDATE HISTORY INFORMATION:

03 / 2018	Implementation
01 / 2020	Removed codes 64402, 64410 and 64413

Highmark Reimbursement Policy Bulletin



[CLICK HERE FOR HISTORY VERSIONS](#)

Bulletin Number: RP-032
Subject: Pain Management
Effective Date: March 5, 2018
Issue Date: December 27, 2018
Source: Reimbursement Policy

End Date:
Revised Date: December 13, 2018

Applicable Commercial Market	PA <input checked="" type="checkbox"/>	WV <input checked="" type="checkbox"/>	DE <input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA <input type="checkbox"/>	WV <input type="checkbox"/>	
Applicable Claim Type	UB <input type="checkbox"/>	1500 <input checked="" type="checkbox"/>	

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreement terms in direct conflict with this Reimbursement Policy may supersede this Policy's direction and regional applicability.

Various methods of pain management may be used for both post-operative and nonsurgical pain control. The most common techniques include:

Patient Controlled Analgesia: Patient controlled analgesia therapy is a technique for pain management that involves self-administration of intravenous drugs through an infusion device.

Epidural Analgesia: Epidural analgesia involves the administration of a narcotic drug through an epidural catheter.

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REIMBURSEMENT GUIDELINES:

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Any follow-up care should be reimbursed based on the level of medical care reported (e.g., intermediate, extended, etc.).

Note: Modifier 59 may be reported with a non-E/M service, to identify it as distinct or independent from other non-E/M services performed on the same day. When modifier 59 is reported, the patient's medical records must support its use in accordance with CPT guidelines.

Applicable codes: 62321 62322 62323 62324 62325 62327

Nerve Blocks

An injection/block administered pre-, intra-, or postoperatively is not considered part of the global anesthesia allowance and, therefore, is eligible for separate payment.

Applicable codes:

62273	62280	62281	62282	62310	62311	62318	62319	64400
64402	64405	64408	64410	64413	64415	64417	64418	64420
64421	64425	64430	64435	64445	64447	64450	64461	64462
64463	64505		64510	64517	64520	64530	64999	G9770

RELATED HIGHMARK POLICIES:

Refer to the following Medical Policies for additional information:

- Medical Policy A-8: Payment for Anesthesia Services
- Medical Policy S-100: Multiple Surgical Procedures
- Medical Policy S-40: Implantable Infusion Pump
- Medical Policy S-189: Transforaminal Epidural Injection
- Medical Policy Z-61: Paravertebral Facet Joint Nerve Blocks

Refer to the following Reimbursement Policies for additional information:

- Reimbursement Policy R-014: Multiple Surgical Procedures
- Reimbursement Policy R-009: Modifiers 25, 59, XE, XP, XS and XU

HISTORY

Highmark Reimbursement Policy Bulletin



Bulletin Number: RP-032
Subject: Pain Management
Effective Date: March 5, 2018 **End Date:**
Issue Date: March 5, 2018
Source: Reimbursement Policy

Applicable Commercial Market	PA <input checked="" type="checkbox"/>	WV <input checked="" type="checkbox"/>	DE <input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA <input type="checkbox"/>	WV <input type="checkbox"/>	
Applicable Claim Type	UB <input type="checkbox"/>	1500 <input checked="" type="checkbox"/>	

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreements supersede Reimbursement Policy direction and regional applicability.

Various methods of pain management may be used for both post-operative and nonsurgical pain control. The most common techniques include:

Patient Controlled Analgesia: Patient controlled analgesia therapy is a technique for pain management that involves self-administration of intravenous drugs through an infusion device.

Epidural Analgesia: Epidural analgesia involves the administration of a narcotic drug through an epidural catheter.

Nerve Blocks: A nerve block involves the injection of an anesthetic agent into or around a given nerve.

REIMBURSEMENT GUIDELINES:

Patient Controlled Analgesia (PCA)

Any PCA services performed after the anesthesia care has ended, including initial set-up, subsequent adjustments, or follow-up related to this therapy are considered routine postoperative pain management, regardless of who performs it. When performed by the physician who administered anesthesia, or by a member of his group/association, the postoperative pain management is part of the global anesthesia allowance and, if billed separately, the pain management is not eligible for separate reimbursement. However, when postoperative pain management is provided by a physician other than those specified

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above, it will be denied as not covered. A participating or network provider can bill the member for the denied service.

PCA administered for nonsurgical pain management is considered a service that is included in a physician's medical care; therefore, it is not eligible as a separate and distinct service when performed with medical care. If nonsurgical PCA is reported on the same day as medical care, and the charges are itemized, the Plan will combine the charges and pay only the medical care. Payment for the medical care performed on the same date of service includes the allowance for the nonsurgical PCA.

If the nonsurgical PCA is performed independently, process it under code 99499.

When patient controlled analgesia (PCA) is initiated in the recovery room by an anesthesiologist as part of his anesthesia time, the initial set-up time for PCA may be incorporated into the total number of anesthesia time units reported.

Note: Modifier 25 may be reported with medical care to identify it as a significant, separately identifiable service from the nonsurgical PCA. When the 25 modifier is reported, the patient's medical records must clearly document that separately identifiable medical care has been rendered.

Epidural Analgesia

The pre-, intra-, or post-operative insertion of an epidural catheter for post-operative pain control is not considered part of the global anesthesia allowance, and therefore, is eligible for separate payment. Daily Management of epidural drug administration is also eligible for separate payment after the day on which the catheter is inserted. Daily Management reported on the same day as the catheter insertion is not covered. A participating or network provider cannot bill the member for Daily Management on the same day as the catheter insertion.

Payment can also be made for the insertion of an epidural catheter for the treatment of a nonsurgical condition. Daily Management of epidural drug administration is also eligible for separate payment after the day on which the catheter is inserted. Daily Management reported on the same day as the catheter insertion is not covered. A network provider cannot bill the member for Daily Management on the same day as the catheter insertion.

Any follow-up care should be reimbursed based on the level of medical care reported (e.g., intermediate, extended, etc.).

Note: Modifier 59 may be reported with a non-E/M service, to identify it as distinct or independent from other non-E/M services performed on the same day. When modifier 59 is reported, the patient's medical records must support its use in accordance with CPT guidelines.

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Nerve Blocks

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RELATED HIGHMARK POLICIES:

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