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

1. Mariano, ER. Billing for Peripheral Nerve Blocks (United States). Available at: http://edmariano.com/billing-for-regional-anesthesia


**Patient Name**

**Medical Record #**

**Age**

(Patient name plate stamp)

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**Institution Name:**

**Nerve Block PROCEDURE RECORD**

**Date & Time:**

**Referring M.D.:**

**Surgical Procedure:**

**Preoperative Diagnosis:**

**Indication:**  
- Surgical  
- Pain Management

**ANESTHETIZING LOCATION:**

**SITE MARKED:** Left/Right

**CONSENT** on chart:  
- Surgical
- Anesthesia

**TIMEOUT** performed

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### Nerve Block Procedure

<table>
<thead>
<tr>
<th>Nerve Block Procedure</th>
<th>Single</th>
<th>Catheter</th>
<th>ICD-9 Pain Diagnosis</th>
<th>Technique</th>
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</thead>
<tbody>
<tr>
<td>Interscalene</td>
<td>64415</td>
<td>64416</td>
<td>□ Shoulder</td>
<td>□ Single Injection</td>
</tr>
<tr>
<td>Supraclavicular</td>
<td>64415</td>
<td>64416</td>
<td>□ Upper Arm/Elbow</td>
<td>□ Continuous</td>
</tr>
<tr>
<td>Infraclavicular</td>
<td>64415</td>
<td>64416</td>
<td>□ Forearm/Wrist</td>
<td>□ Tunneled</td>
</tr>
<tr>
<td>Axillary</td>
<td>64417</td>
<td>64416</td>
<td>□ Hand</td>
<td>□ Ultrasound Stimulator</td>
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<tr>
<td>Lumbar Plexus</td>
<td>64483</td>
<td>64449</td>
<td>□ Hip/Thigh</td>
<td>□ Nerve Stimulator</td>
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<tr>
<td>Femoral</td>
<td>64447</td>
<td>64448</td>
<td>□ Knee/Leg</td>
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<tr>
<td>Sciatic/Popliteal</td>
<td>64445</td>
<td>64446</td>
<td>□ Foot/Ankle</td>
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<tr>
<td>Ankle/Wrist</td>
<td>64450</td>
<td></td>
<td>□ Other</td>
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<tr>
<td>Paravertebral</td>
<td>64520</td>
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<td></td>
</tr>
</tbody>
</table>

### Monitors

- Blood Pressure
- EKG
- Other

- Pulse Oximetry
- ETCO2

### Monitors

- Blood Pressure  
- EKG  
- Other

**Approach**  
- Anterior  
- Posterior  
- Lateral

**Level of Sedation**

- Patient awake.
- Patient sedated. Easily aroused and conversant.
- Patient under general anesthesia.
- Patient under spinal/epidural/PNB.

### Premedication (in last 30mins)

- Midazolam ___ mg  
- Propofol ___ mg

- Alfentanil ___ mcg
- Hydromorphone ___ mg

- Fentanyl ___ mcg  
- Morphine ___ mg

- Other

**Oxygen**

- _____ (L/min)

- Nasal cannula
- Mask
- Other:

### Needle

- Manufacturer:
- Model:
- Gauge:

- Size:  
  - 50mm
  - 100mm
  - Other:

- Stimulating
- Non-stimulating

**Additives**

- Epinephrine (1:___ 00,00)
- Bicarbonate (0.1meq/ml)

- Other:

## Local Anesthetic

- Chloroprocaine ___%  
- Lidocaine ___%

- Mepivacaine ___%  
- Ropivacaine ___%

- Bupivacaine ___%  
- Other: ___%

### Procedure Notes

**Start time:**

**End time:**

**Length of Procedure:**

**Skin anesthetized with local anesthetic.**

**Pt Position:**

**Needle depth:** ___ cm  
**Minimal current:** ___ mA

**Number of attempts:**

**Type of motor response (describe):**

**Catheter depth @ skin:** ___ cm

**Blood aspirated:**

- No  
- Yes- Action Taken:

**Pain on injection:**

- No  
- Yes- Action Taken:

**Injection pressure > 20 PSI:**

- No  
- Yes- Action Taken:

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- Attending performed the procedure
- Attending was present for the critical portions of the procedure **Attending**

**Signature:**  
(Date & Time)

**Resident(s) Signature:**  
(Date & Time)

**Print:**

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*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.*