

DIAGNOSTIC AND THERAPEUTIC PROCEDURES

NERVE BLOCKS FOR ACUTE PAIN MANAGEMENT

Fee

G061 Peripheral nerve block, minor 30.00

Payment rules:

1. The G061 service must consist of one of the following:
 - a. a block of one of: ilioinguinal and/or iliohypogastric, genitofemoral, lateral femoral cutaneous, saphenous, occipital, supraorbital, infraorbital or glossopharyngeal nerve;
 - b. an intercostal block;
 - c. a superficial cervical plexus block;
 - d. a transversus abdominis plane (TAP) block; or
 - e. a paravertebral block – additional injection.
2. G061 is limited to a maximum of 4 services per patient per physician per day.
3. When a minor peripheral nerve block is rendered, additional blocks of one or more nerves within the same nerve distribution are *not eligible for payment*.

Percutaneous nerve block catheter insertion for continuous infusion analgesia

G279 Percutaneous nerve block catheter insertion..... 80.00

Payment rules:

1. G279 is eligible for payment in addition to the applicable peripheral nerve or plexus block.
2. G260 is *not eligible for payment* in addition to G279 when rendered for a continuous combined 3-in-1 block; G060 is eligible for payment in addition to G279 in this circumstance.
3. No guidance (e.g. nerve stimulation, ultrasound) used for percutaneous nerve block catheter insertion is eligible for payment.

G066 Intrapleural block 55.00

G067 Intrapleural block with continuous catheter..... 80.00

G068 Epidural blood patch 125.00

G065 Epidural blood patch injected through existing epidural catheter 62.50

G224 Nerve block by same physician performing the procedure..... 15.55

[Commentary:

Refer to the Preamble of this section for additional information regarding G224.]

G247 Hospital visits, to a maximum of 3 per patient per day 30.10

Payment rules:

G247 is *only eligible for payment* to the physician most responsible, or to a physician substituting for the physician most responsible, for providing management and supervision of a:

1. continuous catheter infusion for analgesia for a hospital in-patient; or
2. lumbar sub-arachnoid drainage catheter placed in association with a surgical procedure where there is increased risk of spinal cord ischemia.

[Commentary:

G247 is not for visits to patients solely receiving intravenous pain management, such as patient controlled analgesia alone; a continuous nerve/plexus block or epidural/spinal catheter must be present for G247 to be payable.]

GENERAL PREAMBLE

ANAESTHESIOLOGISTS' SERVICES

ANAESTHESIA FOR OCULAR SURGERY, EXAMINATION UNDER ANAESTHESIA, COLONOSCOPY, SIGMOIDOSCOPY AND CYSTOSCOPY

For the purposes of E023C, anaesthesia means an anaesthesia service other than local infiltration, topical anaesthesia or procedural sedation rendered in support of the listed procedures. E023C replaces the listed basic units and time units for anaesthesia for these procedures.

E023C Anaesthesia service for E137, E138, E139, E140, E141, E143, E144, E145, E146, E147, E149, Z432, Z606, Z607, Z491, Z492, Z493, Z494, Z495, Z496, Z497, Z498, Z499, Z555 or Z580 6 basic units, plus time units.

[Commentary:

1. Deep sedation, *general anaesthesia* or regional anaesthesia, performed by an anaesthesiologist, are examples of anaesthesia that may be rendered for E023C.
2. Anaesthesia extra units listed on GP61 are eligible for payment with E023C.
3. Local infiltration or topical anaesthesia used as an anaesthetic for any procedure is *not eligible for payment*.]

Note:

For the purposes of anaesthesia services the following definitions apply:

1. Procedural Sedation is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
2. Deep Sedation is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
3. *General Anaesthesia* is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

ANAESTHESIA ADMINISTERED BY SAME PHYSICIAN PERFORMING A PROCEDURE

1. Except as described in paragraph 2, when a physician administers an anaesthetic, nerve block and/or other medication prior to, during, immediately after or otherwise in conjunction with a diagnostic, therapeutic or surgical procedure which the physician performs on the same patient, the administration of the anaesthetic, nerve block and/or other medication is *not eligible for payment*.
2. A major or minor peripheral nerve block, major plexus block, neuraxial injection (*with or without catheter*) or intrapleural block (*with or without catheter*) for post-operative pain control (with a duration of action more than 4 hours) is eligible for payment as G224 when rendered in conjunction with a procedure which the physician performs on the same patient. With the exception of a bilateral pudendal block (where only one service is eligible for payment), G224 is eligible for payment once per region per side where bilateral procedures are performed.

[Commentary:

For additional information, refer to the Nerve Blocks for Acute Pain Management, Interventional Pain Injections and the Peripheral/Other Nerve Block sections of the Schedule.]

DIAGNOSTIC AND THERAPEUTIC PROCEDURES

NERVE BLOCKS FOR ACUTE PAIN MANAGEMENT

PREAMBLE

1. Nerve blocks listed in this section are eligible for payment only when rendered for acute pain management, including peri-operative or post-operative pain management as described below and where the nerve block has a duration of action of more than 4 hours. Acute pain is defined as pain that occurs with sudden onset and that is expected to resolve within 6 weeks.
2. Nerve blocks rendered for acute pain with a duration of action of less than 4 hours, topical anaesthesia or local infiltration used as an anaesthetic for any procedure, are *not eligible for payment*.
3. Except as described in paragraph 4, when a physician administers an anaesthetic, nerve block and/or other medication prior to, during, immediately after or otherwise in conjunction with a diagnostic, therapeutic or surgical procedure which the physician performs on the same patient, the administration of the anaesthetic, nerve block and/or other medication is *not eligible for payment*.
4. A major or minor peripheral nerve block, major plexus block, neuraxial injection (*with or without catheter*) or intrapleural block (*with or without catheter*) for post-operative pain control (with a duration of action more than 4 hours) is eligible for payment as G224 when rendered in conjunction with a procedure which the physician performs on the same patient.
5. When a physician renders an anaesthesia service in support of a procedure performed by another physician, a peripheral nerve block, plexus block, neuraxial injection or intrapleural injection using short-acting medication (with a duration of action less than 4 hours) is *not eligible for payment* in addition to the C-suffix anaesthesia service.
6. When a physician renders an anaesthesia service in support of a procedure performed by another physician, a peripheral nerve block, plexus block, neuraxial injection or intrapleural injection, listed in this section and performed for post-operative analgesia (with a duration of action more than 4 hours) is eligible for payment in addition to the C-suffix anaesthesia service.

[Commentary:

1. For the purposes of paragraph 6, only peripheral nerve blocks, plexus blocks, neuraxial injections or intrapleural injections listed in this section are eligible for payment. Nerve blocks listed elsewhere in the *Schedule* are not payable for acute pain management.
2. For obstetrical continuous conduction anaesthesia, see P014C, E111A and P016C, listed in the Obstetrics section.]
7. With the exception of a bilateral pudendal block (where only one service is eligible for payment) a nerve block is payable once per region per side where bilateral procedures are performed.
8. Notwithstanding maximums applicable to individual nerve block services, there is an overall maximum of 8 per patient per *day* for any combination of nerve blocks. The ninth and subsequent nerve blocks per patient per *day* are *not eligible for payment*. Nerve blocks which are defined as a bilateral procedure are counted as two services for the purpose of the overall daily maximum.
9. Professional and/or technical fees for obtaining and/or interpreting images for the purpose of guidance (e.g. nerve stimulation, ultrasound, fluoroscopy) are *not eligible for payment* in addition to the injection services listed in this section.
10. For anaesthesia services in support of a nerve block or interventional pain injection procedure performed by another physician, see General Preamble.
11. Injection services listed elsewhere in the *Schedule* are *not eligible for payment* in addition to injections listed in this section for the same injection procedure.