Anesthesia Billing Codes

- Single
  - Interscalene: 64415
  - Supraclav.: 64415
  - Infraclav.: 64415
  - Axillary: 64417
  - Femoral: 64447
  - Sciatic: 64445
  - Facia Iliaca: 64447
  - Lumbar Ptx.: 64483
  - Trigeminal: 64400
- Catheter
  - Interscalene: 64416
  - Supraclav.: 64416
  - Infraclav.: 64416
  - Axillary: 64416
  - Femoral: 64448
  - Sciatic: 64446
  - Facia Iliaca: 64448
  - Lumbar Ptx.: 64449
  - Trigeminal: 64450

Pain Diagnosis Codes

- Shoulder: 719.41
- Arm Upper/Elbow: 719.42
- Forearm/Wrist: 719.43
- Hand: 719.44
- Hip/Thigh: 719.45
- Knee/Leg: 719.46
- Foot/Ankle: 719.47
- Facial: 351.8 / Sinus: 478.19
- Ultrasound: 76942

Procedure #1: Lt / Rt (circle)________

Anesthesiologist Performing Procedure: ____________________________

Procedure Start Time: ____:____ (HH:MM)

Procedure End Time: ____:____ (HH:MM)

H&P/consent/site verified. Risks discussed

Patient positioned, ASA monitors, O2 via NC/FM, sterile skin prep and technique.

Timeout performed ___:___ (HH:MM)

Correct patient
Correct procedure
Correct side/site
Correct position
Correct equipment and/or implants (if applicable)

Sedation: Midazolam ___mg Fentanyl ___μg

Needle: ___ gauge stimulating non-stimulating
Technique: nerve stimulation infiltration

Motor response mA Depth (cm)

Injectate: bupivacaine lidocaine ropivacaine
2-CP

Site Conc (%) Vol (ml) Clonidine Epi

Clonidine __mcg Epi 1:__00K

Procedure #2: Lt / Rt (circle)________

Needle: ___ gauge stimulating non-stimulating

Technique: nerve stimulation infiltration

Motor response mA Depth (cm)

Injectate: bupivacaine lidocaine 2-CP

tropivacaine

Site Conc (%) Vol (ml) Clonidine Epi

Epi __mcg 1:__00K

Procedure Complications

Action Taken

Pain on injection: no yes________

Supplement: no yes________

Blood aspiration: no yes________

Ultrasound Guided Procedure

- Relevant anatomy identified (nerves, vessels, muscles)
- Local anesthetic spread visualized around nerve(s)
- Vascular puncture avoided

Ultrasound-guided catheter placed: yes no

Indication for Procedure(s):

This procedure was performed at the request of the referring physician for postoperative pain control.

Scheduled surgery:

______________________________