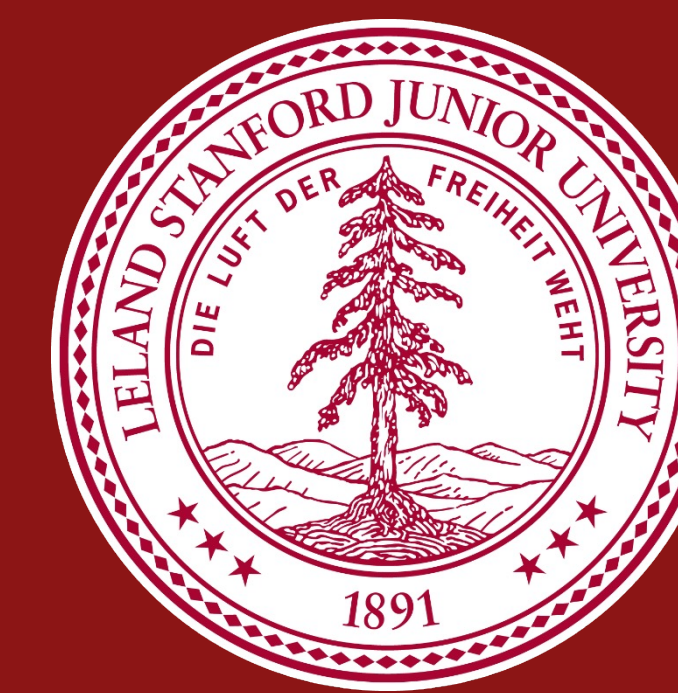




Medicare Payment Trends for Peripheral Nerve Blocks for Acute Postoperative Pain Management

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Introduction

- The Centers for Medicare and Medicaid Services (CMS) projects a 5.6% annual growth in national healthcare expenditures over the next decade.
- Despite this growth, physician payments across specialties have declined.
- This study analyzes Medicare payment trends for peripheral nerve blocks (PNB) for postoperative analgesia relative to inflation.

Methods

- PSPS datasets from 2010 through 2023, examining Medicare payments and frequency for 11 performed PNB procedures, identified by CPT® codes.
- Filtered with primary modifier 59 (distinct procedural service, performed by anesthesiologists, professional charges of ultrasound guidance, and locations of inpatient hospitals, on-campus outpatient hospitals, and ambulatory surgical centers.
- To account for inflation, CPI-U was used to convert to 2023 USD .
- Work RVU and CF based on the CMS Physician Fee Schedule were examined
- Specific focus was also on 2020 wRVUs to confirm the ASA update about changes to certain nerve block codes.
- CAGR was calculated as a reliable measure of annual change.

Results

- Unadjusted payment increases were seen for 5 of 11 PNBs from 2010 through 2023.
- When adjusting for inflation, all PNBs exhibited payment decreases, as well as negative adjusted CAGR (Table 1, Figure 1).
- 8 of 11 CPT codes showed >20% decrease in adjusted payments
- CPT code 76942 (ultrasound guidance) had an unadjusted average payment from \$25 to \$20 from 2010 through 2023.
- For select codes, bundling of ultrasound guidance started in 2023; modest increases in wRVU for certain codes were seen at this time.
- The conversion factor from 2010 through 2023 decreased 7.1%, compared to an increase in CPI-U by 43.8%.

Discussion

- Overall payments from Medicare for 11 common peripheral nerve blocks decreased from 2010 to 2023 when accounting for inflation.
- Primary factors for decreased payments include a continuously decreasing CF and changes to wRVUs.
- Limitations include the exclusion of non-laterality secondary modifiers and exclusion of follow-up eval and management codes.

Procedure description	CPT code	Medicare volume in 2023	First year of data	Mean unadjusted payment in 1st year of data (USD)	Mean adjusted payment in 1st year of data (USD 2023)	Mean payment in 2023 (USD)	CAGR	CAGR (adjusted to 2023 dollars)	Total percent change 2010 to 2023 *
Cervical or thoracic neuraxial	62324	4359	2017	57.01	70.69	65.54	2.01%	-1.07%	-7.29%
Lumbar or sacral neuraxial	62326	395	2017	68.02	84.35	63.66	-0.94%	-3.94%	-24.53%
Brachial plexus injection	64415	94174	2010	54.07	75.7	49.57	-0.62%	-2.98%	-34.52%
Brachial plexus catheter	64416	5663	2010	61.54	86.15	58.66	-0.34%	-2.71%	-31.91%
Sciatic nerve injection	64445	24500	2010	48.7	68.18	51.45	0.39%	-1.99%	-24.54%
Sciatic nerve catheter	64446	1108	2010	49.9	69.86	56.81	0.93%	-1.47%	-18.68%
Femoral nerve injection	64447	150684	2010	38.67	54.14	40.15	0.27%	-2.11%	-25.84%
Femoral nerve catheter	64448	14118	2010	36.79	51.51	50.68	2.31%	-0.12%	-1.61%
Other peripheral nerve injection	64450	34579	2010	41.75	58.45	22.74	-4.25%	-6.52%	-61.09%
Bilateral TAP injection	64488	38053	2015	56.71	73.72	47.77	-1.89%	-4.71%	-35.20%
Bilateral TAP catheter	64489	435	2015	64.82	84.26	58.88	-1.06%	-3.90%	-30.12%

Table 1: Medicare CPT codes, 2023 volume, average 1st year payment, average 2023 payment,

* 2023-dollar equivalents; CAGR (Compound Annual Growth Rate)

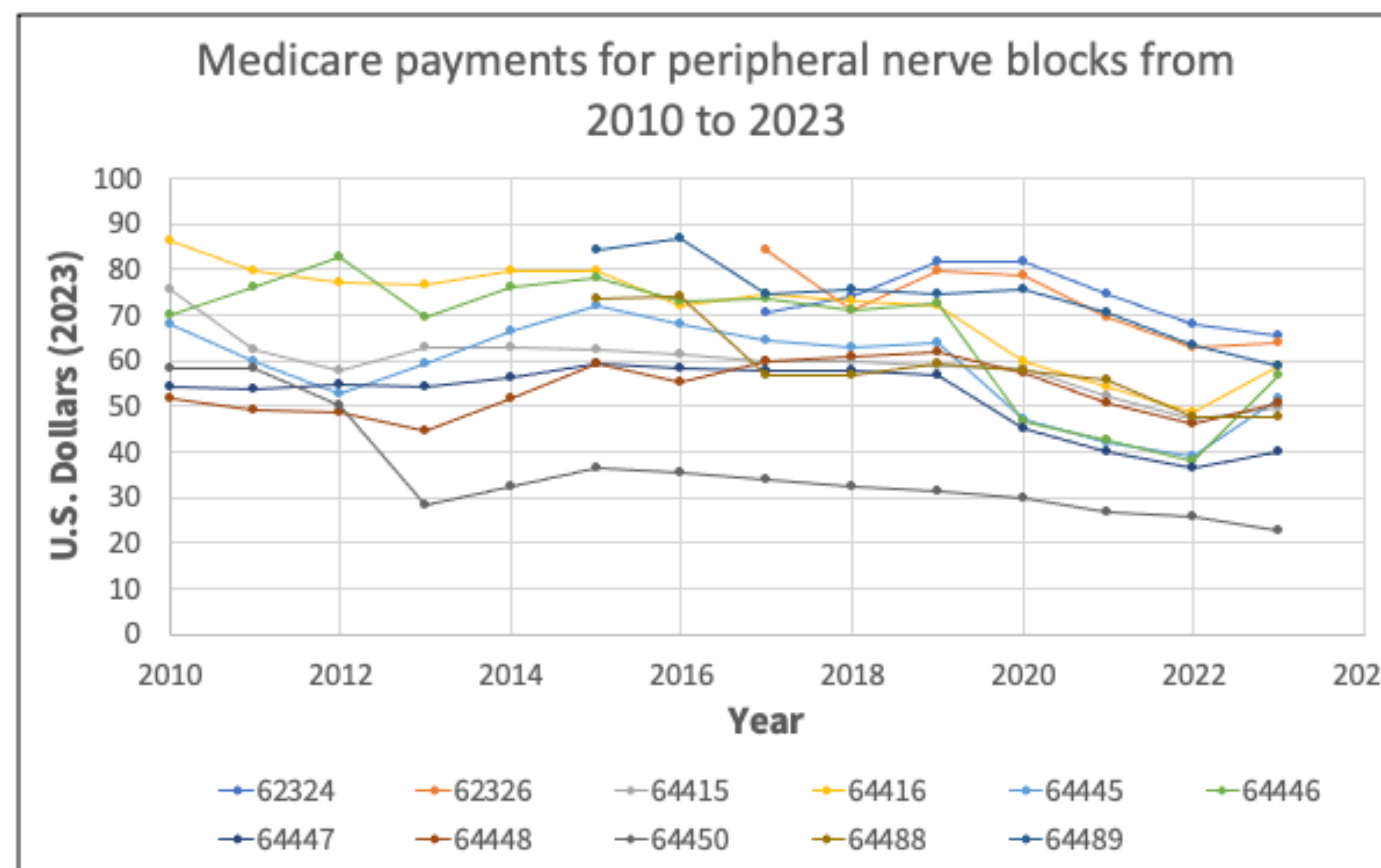
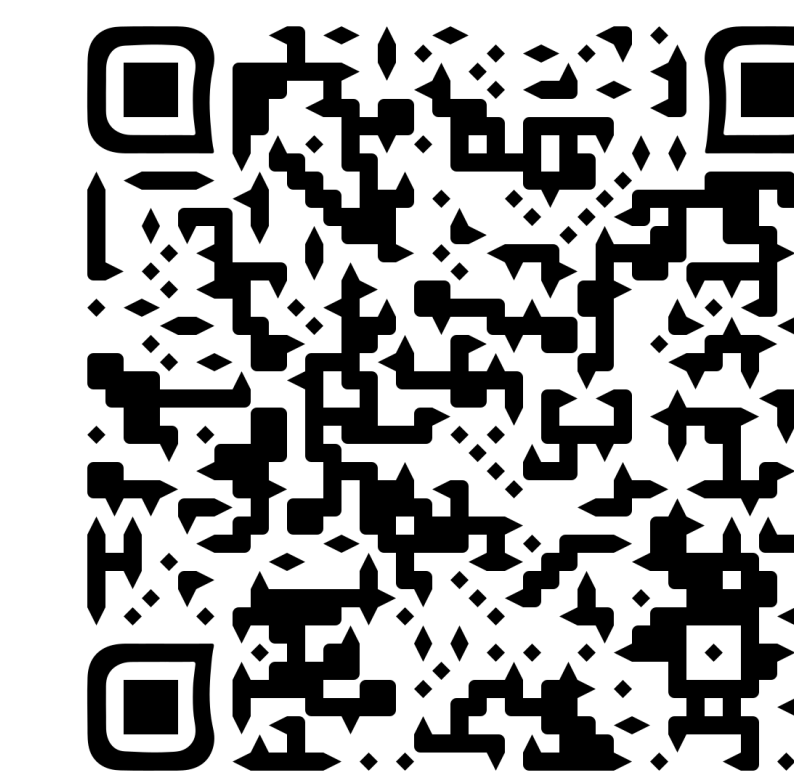


Figure 1: Average payment for each CPT code per year

References



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