

### The ARGUS Advantage Series: Understanding More About Pain Management Injections

Injections for back pain in the cervical, lumbar, and thoracic regions have become an increasingly popular means of treatment as they offer an alternative to surgical intervention. They can be more effective than oral prescriptions because the medication is delivered directly to the area causing the pain. However, as with any type of treatment, there are potentials for abuse and fraud.

Some of the more common types of injections are:

- Epidural Steroid Injections
- Transforaminal Epidural Steroid Injections
- Facet Joint Injections
- Trigger point injections

Many of these injections used to be performed primarily in an office setting. However, over the past decade, many physicians have shifted to performing these in either outpatient hospital or Ambulatory Surgical Center (ASC) settings. The cost for just one date of service when done in either an office or outpatient setting can be anywhere between \$1,000 and \$10,000 – or higher – depending on the physician, facility and geographical location.

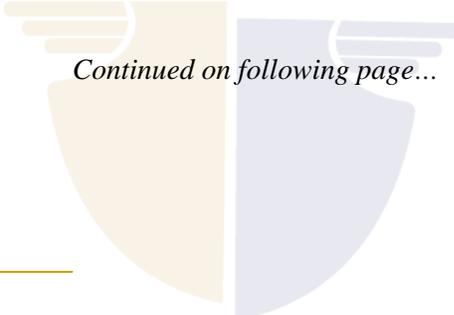
Needless to say, the dollar amounts involved have also made it an area that needs to be closely reviewed by administrators and carriers. Upcoding (billing for a higher level of service than was performed), billing for procedures not performed, or performing procedures that are not medically necessary per the standards set in the medical community are common with this type of treatment.

For one type of these injections alone – facet joint injections – the Centers for Medicare and Medicaid Services (CMS) has recently issued a memorandum

stating that the HHS Office of the Inspector General (OIG) did a retrospective audit and found that 63% of Medicare payments for facet joint injections in 2006 did not meet program requirements, causing \$96 million in improper payments that year. Medicare paid another \$33 million in improper payments to facilities for the treatment. Medicare claims for facet joint injections rose by 76% between 2003 and 2006, which triggered OIG and CMS scrutiny.

OIG's report identified both coding errors and lack of medical necessity: 38% of the overpayments were caused by inadequate or absent documentation; 31% were due to coding errors. More than 60% of the coding errors occurred when physicians incorrectly billed add-on codes instead of modifiers to represent bilateral injections.

Following this startling report, CMS then did another retrospective audit of another type of injection – transforaminal epidural steroid injections – for claims in 2007. They found that physician payments for these types of injections increased 150%: from \$57 million in 2003 to \$141 million in 2007. Further, according to the OIG, 35% of transforaminal injection services allowed by CMS in 2007 did not meet Medicare requirements, resulting in approximately \$45 million in improper payments. An additional \$23 million in associated facility claims was allowed by CMS. Finally, OIG found that services provided in offices were more likely to have a documentation error than those provided in ASCs or hospital outpatient departments.



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That's \$197 million dollars for just two types of injections in a two-year period that should not have been paid by CMS alone. Imagine the number billed to private insurance that also should not have been paid – unnecessary, excessive, and abusive treatment that causes all our premiums to rise yearly.

ARGUS Claim Review program actively investigates and reviews these types of charges in order to ensure that they meet all the terms of our given client's Summary Plan Description (SPD) - which protects the health plan from inappropriate and unnecessary charges. However, it can also mean that the employees could end up with bills for several hundreds or thousands of dollars if their physicians have not acted in their best interest when deciding to perform these treatments.

How can an employee be sure the treatment that will be rendered to them is medically necessary? Here are some helpful basic guidelines for the most common type of injections, Epidural Steroid Injections (ESIs):

- ESIs are not indicated in the absence of objective evidence of radiculopathy (disease of the spinal nerve roots and spinal nerves).
- There must be documentation of failed conservative therapy (medical management, physical therapy and/or a home exercise program) before any invasive treatment such as injections are considered.
- Current research does not support routine use of "series-of-three" injections, as has been the prevalent treatment regime in the past. A second injection is not recommended if there is an inadequate response to the first injection. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medication and functional response.

- ESIs should not be performed on the same day as facet, sacroiliac, lumbar sympathetic or trigger point injections, as this may lead to improper diagnosis or treatment.
- Cervical and lumbar ESIs should not be performed on the same day.

There are many other variables that may affect the medical necessity of these or any other types of injections. If in doubt, we encourage the patient to seek a second opinion from another physician who is Board Certified in Anesthesiology or Pain Management before proceeding with any type of injection.

The above is for general educational information only. This cannot replace the relationship that an individual has with their health care professional. We do not practice medicine or provide medical services or advice. You should always talk to your health care professional for diagnosis and treatment.

**ARGUS continually monitors industry-related guidelines, costs and other factors to ensure we are always using best practices to ensure claims are accurate, ultimately resulting in savings and effective cost-containment for our clients.**

**If you have any questions about Pain Management Injections, ARGUS Claim Review or other benefits-related topics, feel free to contact us – we're happy to answer any questions you have.**

