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Re: Suggested Status Indicator Change for CPT Codes 64486-64489 Transversus abdominis plane (TAP) anesthetic block

Please find presented Form CMS-20017 (05/11) in which the above referenced request is presented. The procedure report below indicates the patient underwent an ultrasound guided tap block. The CPT manual states CPT codes 64486-64489 are appropriate for this service. This was the only procedure performed on the date of service, however the Tap Block CPT codes have all been assigned Status Indicator N, packaged.

Please provide guidance as to how an OPPS facility should report the Tap block procedures in an effort to receive reimbursement for resources utilized.

Thank you for your consideration.

**INTERPRETATION:** Ultrasound-guided tap block

**Clinical indications:** Right lower abdominal pain. Patient indicates pain inferior medial to the right anterior iliac spine

After discussing the risks, benefits, and alternatives to the procedure the patient's questions were answered and informed consent was obtained. Survey imaging was taken for localization. Patient was prepped and draped in usual sterile fashion. Soft tissues were infiltrated with lidocaine 1%. Utilizing a lateral plate closed to the mid axillary line 22-gauge needle was advanced under direct sonographic visualization. The needle was advanced through the subcutaneous tissues across the external oblique and through the internal oblique muscle. Anesthetic was injected to confirm needle position. The anesthetic displaced the transverse abdominis muscle posteriorly but appeared to be within the deep aspect of the internal oblique. The needle was advanced slightly further additional anesthetic was injected splaying the transverse abdominis plane. Total volume of 15 mL of Sensorcaine 0.5% was injected.

There were no immediate complications. The patient reported no significant relief of her symptoms immediately following the procedure.

**IMPRESSION:** Ultrasound-guided injection of anesthetic into the right transverse abdominis plane

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Inc: Form CMS-20017 (05/11)  
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