The Ins and Outs of Anesthesia

Anesthesia data collection for inpatient (institutional) using ICD-10-PCS and outpatient (professional) using CPT

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21 June 2018

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PLEASE

- We are all the same. We are all here because we are trying to understand anesthesia.
- We are trying to understand the difference between spinal, epidural, plexis, regional, bier, inhalation, moderate sedation… Some of us are still not good on the difference in analgesia and anesthesia.
- If I did now explain it well enough for you to understand, I probably did not explain it well enough for others. I need your feedback. Put up your hand to ask questions.

Goal

- Understand when to collect anesthesia, and when not to collect data
  - What data do we need to
    - make good patient care decisions?
    - make good business decisions?
    - identify possible risk?
    - training needs of our staff?
    - get paid?
- Understand the basics about how to collect anesthesia
- Understand more about anesthesia than when we started

Learning Objectives

- At the end of this class
  - Have an idea of whether you should suggest **to collect, or should not collect** inpatient anesthesia at your inpatient hospital, or
  - Be glad you are not working in an inpatient hospital because they collect the type/application and location of the anesthetic, or
  - Think it would be fun to work in an inpatient hospital because professional anesthesia coding is a bit boring but at least you get to figure out anesthesia minutes of service
  - Remember what you learned about professional coding to pass the test
  - Know the difference between anesthesia and analgesia

Analgesia vs Anesthesia

- Analgesia – no sense of pain, like making a headache go away, or kissing an ouwie. You still feel the touch or cold or hot, just not the pain.
- Anesthesia – no feeling. Someone touches part of your body, and you cannot feel them touch it.
  - Can be caused by no nerves in the area – some diabetics have anesthesia in their feet because the nerves are damaged
  - Can be caused by the message sent by the nerves is blocked – like when a patient has an anesthetic agent used near the nerve
  - Can be that the brain is not paying attention (inhalation anesthetic)

Quiz: What percentage of outpatient anesthesia in the operating room has:

- A. Spinal anesthesia
- B. Epidural anesthesia
- C. Regional anesthesia
- D. Block anesthesia
- E. Inhalation anesthesia
- F. Intravenous (such as propofol)
- G. Other

- 1. 10 %
- 2. 10%
- 3. 30 %
- 4. 5%
- 5. 40%
- 6. 5%

Quiz: What percentage of outpatient anesthesia in the operating room has:

- Beats me.
- With the new inpatient “3E0” administration of anesthetic agent codes we can now collect INPATIENT surgery data.
- Outpatient anesthetic does not collect “type” of anesthesia
    - Outpatient institutional (e.g., outpatient hospital) and professional both use CPT codes. HCPCS/CPT does not identify general, regional, epi…

Quiz: What % of vaginal deliveries have epidurals?

- 40%
- 50%
- 60%
- 70%

Why collect as part of the Inpatient Record

- Currently, what are your facility rules for collecting ICD-10-PCS?
  - The same reasons for collecting diagnoses?
  - If there is risk/requires informed consent?
    - Anesthesia does have risk. Anesthesia does require informed consent.
  - If it impacts the payment?
    - At this time, I do not know of any payors that have different payments for inpatient moderate sedation, local, monitored anesthesia care, regional, epidural/spinal, or general. Until 1 Oct 2015, in the USA, there were not procedure codes to really tell the difference.
  - What does the Uniform Hospital Discharge Data Set (UHDDS) say?
    - This was published in found in the July 31, 1985, Federal Register (Vol. 50, No, 147), pp. 31038-40.

Why collect as part of the Inpatient Record

- Let's apply the reasons to collect a diagnosis, to why we would collect a procedure. A condition is clinically significant if it requires:
  - **Clinical evaluation. Yes, when it is not an emergency, there is a pre-anesthesia evaluation.**
  - **Therapeutic treatment. It is the therapeutic treatment.**
  - **Diagnostic procedures. Anesthesia is not diagnostic.**
  - **Extended length of hospital stay. Depending on the type, such as regional or general inhalation/other pharmaceutical administration**, the LOS is impacted. Compare general inhalation to moderate sedation or local anesthesia.
  - **Increased nursing care and/or monitoring**. Yes, particularly for general inhalation.
  - **Has implications for future health care needs.** Usually only if there is a complication.

Why collect as part of the Inpatient Record

- If there is risk/requires informed consent?
  - Anesthesia does have risk. Anesthesia does require informed consent.
    - Because the anesthesia providers are well trained, death is highly unlikely
    - Respiratory depression
    - Pain
    - If inhalation, damage to teeth, sore throat, laryngeal damage
    - Anaphylaxis to agents (itching, rash, hypotension, angioedema, vomiting)
    - Hypothermia
    - Hypoxic brain damage
    - Peripheral nerve injury, usually associated with strange positioning during the procedure)
    - Direct nerve damage from regional/epidural/spinal
    - Spinal infection (from spinal, also epidural or intrathecal bleeds)
    - Embolism
    - Headache (usually spinal anesthesia with CSF leak), backache
    - Aspiration pneumonitis(decreased by pre-anesthesia fasting)
    - Urinary retention
    - Anesthetic intoxication

Why collect as part of the Inpatient Record

- If it impacts the payment?
  - At this time, I do not know of any payors that have different payments for inpatient moderate sedation, local, monitored anesthesia care, regional, epidural/spinal, or general. Until 1 Oct 2015, in the USA, there were not procedure codes to really tell the difference.
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Dept of Health & Human Services, Federal Register, 31 Jul 1985

- …it is emphasized that the UHDDS is a minimum, common core of data on individual hospital discharges and is not intended to serve the entire data needs of a data program or activity. Individual programs and data collectors may obtain additional data elements beyond those in the UHDDS as necessary, and may obtain additional detail within the UHDDS items, provided that the detail can be aggregated to the UHDDS items…
- 12. Procedures and Date. All significant procedures are to be reported.
  - a. A significant procedure is one that is:
    - (1) Surgical in nature, or
    - (2) Carries a procedural risk, or
    - **(3) Carries an anesthetic risk, or**
    - **(4) Requires specialized training.**
  - b. For significant procedures, the identity (by unique number within the hospital) of the person performing the procedure and the date must be reported…

Why collect as part of the Inpatient Record

- BOTTOM LINE: At this time, it is up to each hospital to decide.

- It could be that in the future, payors will make it part of an MS-DRG.
- There is risk.
- It impacts the type of room where a procedure is done if you have a room for blocks.
- It can increase length of stay and nursing services.

Common types of Anesthetic

- Epidural – just outside the dura covering the spinal column – frequently for vaginal deliveries
- Spinal – inside the dura and arachnoid layers, but outside the pia which surrounds the spinal column, usually below L2, but can be anywhere along the spine
- Combined epidural with dura puncture
- Caudal – S5 and / S4 at the sacral hiatus, epidural, not into the subarachnoid space
- General – inhalation, usually in conjunction with IV anesthesia
- Bier Block – upper arm, less than 40 minute, drain blood, inject distally
- Ankle Block – block 2 deep & 3 superficial nerves for foot and toe surgery
- Brachial – upper extremity, regional anesthesia by placing agent near a plexus
- Monitored Anesthesia Care

Inpatient “Local” Anesthesia Type codes

- ICD-10-PCS code ICD-10-PCS description
- 3E00XBZ Introduction of Anesthetic Agent into Skin and Mucous Membranes, External Approach
- **3E013BZ ... Subcutaneous Tissue, Percutaneous Approach**
- 3E093BZ ... Nose, Percutaneous Approach
- 3E097BZ ... Nose, Via Natural or Artificial Opening
- 3E09XBZ ... Nose, External Approach
- 3E0B3BZ ... Ear, Percutaneous Approach
- 3E0B7BZ ... Ear, Via Natural or Artificial Opening
- 3E0BXBZ ... Ear, External Approach
- 3E0C3BZ ... Eye, Percutaneous Approach
- 3E0C7BZ ... Eye, Via Natural or Artificial Opening
- 3E0CXBZ ... Eye, External Approach
- 3E0D3BZ ... Mouth and Pharynx, Percutaneous Approach
- 3E0D7BZ ... Mouth and Pharynx, Via Natural or Artificial Opening
- 3E0DXBZ ... Mouth and Pharynx, External Approach

Inpatient “Injectable” Anesthesia Type codes

- ICD-10-PCS code ICD-10-PCS description
- 3E030FZ …of Intracirculatory Anesthetic into Peripheral Vein, Open Approach
- **3E033FZ …of Intracirculatory Anesthetic into Peripheral Vein, Percutaneous Approach**
- 3E040FZ …of Intracirculatory Anesthetic into Central Vein, Open Approach
- 3E043FZ …of Intracirculatory Anesthetic into Central Vein, Percutaneous Approach
- 3E050FZ …of Intracirculatory Anesthetic into Peripheral Artery, Open Approach
- 3E053FZ …of Intracirculatory Anesthetic into Peripheral Artery, Percutaneous Approach
- 3E060FZ …of Intracirculatory Anesthetic into Central Artery, Open Approach
- 3E063FZ …of Intracirculatory Anesthetic into Central Artery, Percutaneous Approach

- 3E023BZ …Anesthetic Agent into Muscle, Percutaneous Approach
- IV injections tend to be faster, less painful and more reliable than intramuscular or subcutaneous injections.

Inpatient “Inhalation” Anesthesia Type codes

- ICD-10-PCS code ICD-10-PCS description
- 3E0F3BZ ...of Anesthetic Agent into Respiratory Tract, Percutaneous Approach
- 3E0F7BZ ...of Anesthetic Agent into Respiratory Tract, Via Natural or Artificial Opening
- **3E0F8BZ ...of Anesthetic Agent into Respiratory Tract, Via Natural or Artificial Opening Endoscopic**

- Frequently an injectable agent is given to induce anesthesia, and a gas is used to maintain it.

Inpatient “Spinal & Epidural” Anesthesia Type codes

- ICD-10-PCS code Anesthesia ICD-10-PCS description
- 3E0R3BZ …Anesthetic Agent into Spinal Canal, Percutaneous Approach
- 3E0S3BZ …Anesthetic Agent into Epidural Space, Percutaneous Approach
- 3E0T3BZ …Anesthetic Agent into Peripheral Nerves and Plexi, Percutaneous Approach

Inpatient “Cats&Dogs – Expect limited use” Anesthesia Type codes

- ICD-10-PCS code ICD-10-PCS description
- 3E0Q0BZ …Anesthetic Agent into Cranial Cavity and Brain, Open Approach
- 3E0Q3BZ …Anesthetic Agent into Cranial Cavity and Brain, Percutaneous Approach
- 3E0U3BZ …Anesthetic Agent into Joints, Percutaneous Approach
- 3E0V3BZ …Anesthetic Agent into Bones, Percutaneous Approach
- 3E0W3BZ …Anesthetic Agent into Lymphatics, Percutaneous Approach
- 3E0X3BZ …Anesthetic Agent into Cranial Nerves, Percutaneous Approach
- 3E0Y3BZ …Anesthetic Agent into Pericardial Cavity, Percutaneous Approach
- 8E0H300 Acupuncture using Anesthesia

Quiz: The CRNA uses Propofol and Inhalation

- A. 3E033FZ …of Intracirculatory Anesthetic into Peripheral Vein, Percutaneous Approach
- B. 3E060FZ …of Intracirculatory Anesthetic into Central Artery, Open Approach
- C. 3E0D7BZ ... Mouth and Pharynx, Via Natural or Artificial Opening
- D. 3E0F7BZ …of Anesthetic Agent into Respiratory Tract, Via Natural or Artificial Opening
- E. 3E0R3BZ …Anesthetic Agent into Spinal Canal, Percutaneous Approach
- F. 3E0S3BZ …Anesthetic Agent into Epidural Space, Percutaneous Approach
- G. 3E0T3BZ …Anesthetic Agent into Peripheral Nerves and Plexi, Percutaneous Approach

- Just A – you only code the first type of anesthetic administered
- A and C – the propofol in the vein, then the gas in the mouth
- Just D – you code the main procedure, not the steps leading up t o it
- A and D – the drug in the vein so it gets diluted, Propofol because it is fast, then the inhalation to the lungs so it can be absorbed into the blood and topped up as needed for the duration

Quiz: The CRNA uses Propofol and Inhalation

- A. **3E033FZ ...of Intracirculatory Anesthetic into Peripheral Vein, Percutaneous Approach**
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- C. 3E0D7BZ ... Mouth and Pharynx, Via Natural or Artificial Opening
- D. **3E0F7BZ ...of Anesthetic Agent into Respiratory Tract, Via Natural or Artificial Opening**
- E. 3E0R3BZ ...Anesthetic Agent into Spinal Canal, Percutaneous Approach
- F. 3E0S3BZ ...Anesthetic Agent into Epidural Space, Percutaneous Approach
- G. 3E0T3BZ ...Anesthetic Agent into Peripheral Nerves and Plexi, Percutaneous Approach

- A and D – the drug in the vein so it gets diluted, Propofol because it is fast, then the inhalation to the lungs so it can be absorbed into the blood and topped up as needed for the duration

- If there is a post-op nerve block, that would be coded too.

Components of anesthesia

- The Patient
  - Mallampati class, ASA status, age
- The Professional Provider(s)
  - Anesthesiologist
  - Certified Registered Nurse Anesthetist (CRNA)
- The Agent – may be in a log in the drug cart, will be in the record, may not be available from the pharmacy
- The Application – epidural, spinal, intracirculatory, block
- The Body Location – head, neck, thorax, intrathoracic, pelvis (except hip), upper leg (to include hip but not knee)…
- The Institution – inpatient hospital, outpatient hospital, birthing center

The Patient: Mallampati Score

- This is to see how difficult it will be to insert an endotracheal tube, if inhalation is planned, or becomes necessary
- Class I: Soft palate, uvula, fauces, pillars visible. Relatively easy. (look inside the mouth – if you see throat under the uvula – good to go)
- Class II: Soft palate, major part of uvula, fauces visible. Relatively easy. (look inside the mouth – see the uvula but only about half)
- Class III: Soft palate, base of uvula visible. More difficult (look inside the mouth, just see a little opening into the throat)
- Class IV: Only hard palate visible. More difficult. Only see the soft palate. Cannot see any uvula.

Professional Coding for Anesthesia

- Multi-day code
  - Includes the preanesthetic evaluation
  - Anesthesia, including care in post surgical unit until transfer to nurse
  - Post anesthesia evaluation

- One code for all three components
  - The code reflects the ANESTHESIA BASE UNIT – which is the resources involved in the pre & post evaluations, and the set-up/testing and skills for induction
  - The quantity associated with the anesthesia code relates to the minutes of face-to-face anesthesia time

Components of anesthesia (not moderate sedation)

- PROFESSIONAL:
  - Pre anesthesia EVALUATION – what is the proposed procedure, is the patient a good anesthesia candidate, review medical conditions, allergies, any past issues with anesthesia, if inhalation – what does the airway access look like , current drugs (e.g., anticoagulants)
  - Day of:
    - Right patient, right procedure, right equipment, vitals, NPO, informed consent signed, pre anesthesia state (e.g., calm, confused, uncooperative)
    - Take to operating room, position, induction,
    - Operative anesthesia (may have sub-in for breaks/lunch, may have second anesthesia provider take over), patient is still under anesthesia when the surgeon finishes
    - Postsurgical to the PACU, emergence, transfer to the PACU nurse
  - Next day:
    - Post anesthesia EVALUATION – Contact the patient (round if inpatient, usually telephone if same day procedure), make sure no adverse effects, assess pain, etc. If there is a post operative peripheral nerve block infusion pump, the patient goes home with the pump, and the anesthesiologist or other health care worker guides the patient through the removal over the phone.

Components of anesthesia (not moderate sedation)

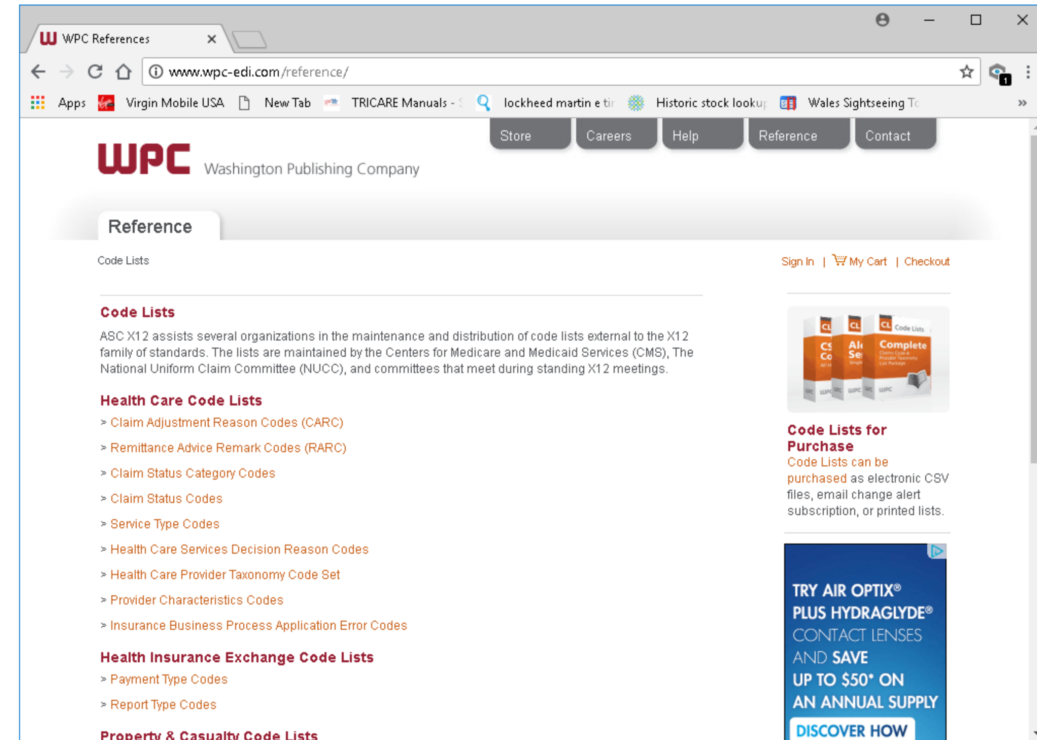
- Professional
  - The base code is the 0xxxx, such as the new 00812 Anesthesia for screening colonoscopy.
    - Important to be able to tell a service for prevention from therapeutic for most plans – prevention tends not to have a copay or deductible, therapeutic or diagnostic will have a copay and deductible.
  - Also need the modifiers:
    - P1 – normal healthy patient
    - P2 – mild systemic disease
    - P3 – severe systemic disease
    - P4 – severe with constant threat to life
    - P5 – moribund, not expected to live without the operation
    - P6 – brain-dead for organ harvesting

Components of anesthesia (not moderate sedation)

- Professional
  - Anesthesia Modifiers
  - Used to need the “AA – anesthesiologist” or the “QZ – CRNA wo medical direction”
  - Now usually the HIPAA healthcare provider taxonomy will describe this
    - 207L00000X Anesthesiology
    - 207LP30000X Pediatric Anesthesiology
    - 1223D0004X Dentist Anesthesiologist
    - 367500000X Certified Registered Nurse Anesthetist
    - 367H00000X Anesthesiologist Assistant

http://www.wpc-edi.com/reference/

- To find the list of HIPAA Health Care Provider Taxonomies
- Anesthesiology - **207L00000X**
- Pediatric Anesthesiology - **207LP3000X**
- Dentist Anesthesiologist - **1223D0004X**
- Anesthesiologist Assistant - **367H00000X**
- Certified Registered Nurse Anesthetist (CRNA) - **367500000X**



Components of anesthesia (not moderate sedation)

- Modifier to tell if medical direction or medical supervision
- AD – Medical supervision by a physician: more than 4 concurrent anesthesia procedures
- QK – Medical direction of 2, 3 or 4 concurrent anesthesia procedures involving qualified individuals
- QX – CRNA service: with medical direction by a physician
- QY – Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

- . Payment at the Medically Directed Rate The A/B MAC determines payment at the medically directed rate for the physician on the basis of 50 percent of the allowance for the service performed by the physician alone. Payment will be made at the **medically directed rate** if the physician medically directs qualified individuals (all of whom could be CRNAs, anesthesiologists' assistants, interns, residents, or combinations of these individuals) in **two, three, or four concurrent cases** and the physician performs the followingactivities.
  - Performs a **pre-anesthetic examination and evaluation**;
  - **Prescribes the anesthesia plan**;
  - Personally participates in the most demanding procedures in the anesthesia plan, including, if applicable, **induction and emergence**;
  - Ensures that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified individual;
  - Monitors the course of anesthesia administration at frequent intervals;
  - Remains physically present and **available for immediate diagnosis and treatment of emergencies;** and
  - Provides indicated post-anesthesia care.

Components of anesthesia (not moderate sedation)

- Monitored Anesthesia Care – the same coding as anesthesia, but the anesthesiologist is there just to monitor and to start anesthesia if needed.
- Modifiers:
- G8 – MAC for deep complex, complicated, or markedly invasive surgical procedure
- G9 – MAC for patient who has history of severe cardio-pulmonary condition
- QS - MAC

Components of anesthesia (not moderate sedation)

- Face-to-face minutes of anesthesia time
  - Can be non-continuous – give block injection, then wait 5-20 minutes depending on type, for the anesthesia to be complete – may not be with patient during the entire 20 minutes
  - Does not include time when another codable service is being done – if the surgeon requests in writing for the anesthesia provider to do a post-op nerve block for pain control, the 6xxxx nerve block is done in the OR before the surgeon leaves – the time it takes to do the block is NOT included in the total anesthesia minutes of service
  - Usually begins in holding area, continues as the anesthesia provider transports the patient to the OR, during the surgery, during the trans port to the recovery room (post surgical anesthesia care unit), until emergence and transfer of care from the anesthesia provider to the nurse
  - Can have other anesthesia providers substitute in for breaks, and take over in long cases

Medicare 100-04

- 140.3.2- Anesthesia Time and Calculation of Anesthesia Time Units (Rev. 3747; Issued: 04-14-17; Effective: 01-01-17; Implementation: 05-15-17) **Anesthesia time means the time during which a qualified nonphysician anesthetist is present with the patient.** It starts when the qualified nonphysician anesthetist begins to prepare the patient for anesthesia services in the operating room or an equivalent area and ends when the qualified nonphysician anesthetist is no longer furnishing anesthesia services to the patient, that is, when the patient may be placed safely under postoperative care. Anesthesia time is a continuous time period from the start of anesthesia to the end of an anesthesia service.

Components of anesthesia (not moderate sedation)

- Reporting of time depends on who wants it
  - Your practice should know the actual number of minutes, BECAUSE
  - They will need to enter the time differently for different payors
  - CMS: Actual anesthesia **time in minutes is reported on the claim.** For anesthesia services furnished, the A/B MAC computes time units by dividing reported anesthesia time by 15 minutes. Round the time unit to one decimal place. The A/B MAC does not recognize time units for CPT code 01996(daily hospital management of epidural or subarachnoid continuous drug administration).
  - TRICARE Reimbursement Manual,2015, Chapter 1, Section 9 – Anesthesia, paragraph 4.4. Base units for each procedure are derived from the Medicare Anesthesia Relative Value Guide**. Time units are 15 minutes, and any fraction of a unit is considered a whole unit. Time units will be as submitted on the claim.**

Components of anesthesia (not moderate sedation)

- Professional –
  - Qualifying Circumstances for Anesthesia
    - 99100 Extreme age <1, >70
    - 99116 Total body hypothermia
    - 99135 Use of controlled hypotension
    - 99140 Emergency Conditions

  Use these along with the 0xxxx anesthesia code

Types of anesthesia

- Local (e.g., lidocaine)
- Moderate Sedation
- Monitored Anesthesia Care (MAC)
- Nerve Blocks
- General
- Patient-Controlled Analgesia

Inpatient (Institutional – ICD-10-PCS)

- Nerve Blocks
  - Spinal vs Epidural
  - 3E0T3BZ Introduction of Anesthetic Agent into Peripheral Nerves and Plexi, Percutaneous Approach
  - 3E0R3BZ   Introduction of Anesthetic Agent into Spinal Canal, Percutaneous Approach
  - 3E0S3BZ Introduction of Anesthetic Agent into Epidural Space, Percutaneous Approach
- General
- Patient-Controlled Analgesia

Spinal vs Epidural

- https://www.openanesthesia.org/neuraxial_anesthesia_anesthesia_text/

	Spinal	**Epidural**
Injection Location	lumbar only	anywhere
Duration of Block	brief	prolonged
Procedure Time	brief	longer
Quality of Block	high	not as good as spinal
Disadvantages	increased risk of hypotension, dural puncture headache	
Advantages	ability to produce segmental block, greater control over analgesia, possibility of long term analgesia	

Nerve Blocks

- Cervical plexus block
- Interscalene brachial plexus block
- Axillary brachial plexus block
- Thoracic paravertebral block
- Thoracic paravertebral block (thoracic, chest wall, breast surgery; or for rib fx pain mngt)

Nerve Blocks

- Thoracic paravertebral block (thoracic, chest wall, breast surgery; or for rib fx pain mngt)
- Lumbar paravertebral
- Lumbar plexus block (L1-L4&T12; anterolateral&medial thigh, knee, saphenous nerve below the knee; when combined with sciatic – the entire leg is anesthestised)
- Sciatic block (posterior approach and anterior approach)
- Femoral block
- Fascia iliaca block
- Popliteal block (posterior and lateral approach)

Review

- Analgesia versus Anesthesia
- Inpatient (Institutional – ICD-10-PCS)
  - Types of anesthesia
- Professional (Outpatient institutional and provider – CPT/HCPCS/CDT)
  - Components of anesthesia episodes of care

Quiz: Analgesia versus Anesthesia

- Analgesia
- Anesthesia

- Your father-in-law has shingles, so you get him some marijuana brownies
- You have a Saturday coffee headache so you make a pot of coffee even though you said you were going to cut back
- Post operative nerve block
- Epidural for vaginal delivery

Quiz: Why do you collect inpatient data

Quiz: Professional Coding for Anesthesia

- Most anesthesia codes begin with a _____
- The anesthesia code includes 3 parts which are
  - ______________
  - ______________
  - ______________

- There are modifiers for
- There are separate additional codes for

Learning Objectives

- I need a show of hands:
  - Do you have an idea of whether you should suggest **to collect, or should not collect** inpatient anesthesia at your inpatient hospital, or
  - Are you glad you are not working in an inpatient hospital because they collect the type/application and location of the anesthetic, or
  - Do you think it would be fun to work in an inpatient hospital because professional anesthesia coding is a bit boring but at least you get to figure out anesthesia minutes of service
  - Do you remember what you learned about professional coding to pass the test
  - Do you know the difference between anesthesia and analgesia

GREAT WEBSITE

- https://www.nysora.com/equipment-for-peripheral-nerve-block