Anesthesia

Chapter 16

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Objectives

- Understand anesthesia coding guidelines
- Define key terms related to anesthesia
- Determine Total Anesthesia Units
- Identify when other services may be billed in conjunction with anesthesia
- Anesthesia Physical Status Modifiers
- Qualifying Circumstances
- Common Modifiers

Definition

Anesthesia is a state in which the patient feels no pain
Organization of Codes
Organized by anatomical location

- Head (00100-00222)
- Neck (00300-00352)
- Thorax (00400-00474)
- Intrathoracic (00500-00580)
- Spine and Spinal Cord (00600-00670)
- Upper Abdomen (00700-00797)
- Lower Abdomen (00800-00882)
- Perineum (00902-00952)
- Pelvis (01112-01190)
- Upper Leg (01200-01274)
- Knee and Popliteal Area (01320-01444)
- Lower Leg (01462-01522)
- Shoulder and Axilla (01610-01682)
- Upper Arm and Elbow (01710-01782)
- Forearm, Wrist, and Hand (01810-01860)
- Radiological Procedures (01916-01936)
- Burn Excisions or Debridement (01951-01953)
- Obstetric (01958-01969)
- Other Procedures (01990-01999)

Finding The CPT® Code

- Start in the Index
- Look up Anesthesia
  - Anatomical location
  - Type of surgery
  - Surgical approach
Corneal Transplant

1. In the Index
   - Anesthesia
     Corneal Transplant  00144

2. In the Tabular
   Look at 00144 – Anesthesia for procedures on eye; corneal transplant

Example: Thyroid Biopsy

1. In the Index
   - Anesthesia
     Biopsy__________00100
     Liver___________00702
   OR
   - Anesthesia
     Thyroid__________00320-00322

2. In the Tabular
   After reviewing 00320 – 00322
   Was it a needle biopsy (00322)?
Example: Removal Lobe of The Lung

1. In the Index
   – Anesthesia
     Lung______00522, 00539, 00540-00548

2. In the Tabular
   – 00540 Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified
   – 00541 utilizing 1 lung ventilation

Example: Spinal Cord Biopsy

1. In the Index
   – Anesthesia
     Spine and Spinal Cord______00600-00604, 00620, 00670
     Lumbar______00630-00635, 00640, 00670

2. In the Tabular
   – 00630 Anesthesia for procedures in the lumbar region; not otherwise specified
Example: Arthroscopic Procedure - Knee

1. In the Index
   - Anesthesia
     Arthroscopic procedures
     Knee____________________01382, 01400

2. In the Tabular
   - 01382 Anesthesia for diagnostic arthroscopic procedures of knee joint
   - 01400 Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified

Types of Anesthesia

• Local
  – Included in CPT® code
  – No separate anesthesia code

• MAC - Monitored Anesthesia Care
  – Decreased awareness

• Regional
  – Blocks
  – Spinals
  – Epidurals

• General
  – Unconscious
Anesthesia Terminology

• One-Lung Ventilation (OLV)
  – occurs when one lung is ventilated and the other lung is collapsed temporarily
  – improve surgical access to the lung

• Pump Oxygenator
  – Bypass machine patients are placed on during cardiac procedures.
  – Would find information included in the anesthesia note.

Anesthesia Terminology

• Intraperitoneal – within the peritoneum
  – Upper abdomen - stomach, liver, gallbladder, spleen, jejunum, ascending and transverse colon
  – Lower abdomen - appendix, cecum, ileum and sigmoid colon
    • the cecum and ileum are part of the small intestines and originate in the upper abdomen, these may be coded as upper abdomen

• Extraperitoneal/Retroperitoneal - space in the abdominal cavity behind the peritoneum
  – Upper abdomen - kidneys and adrenal glands and lower esophagus
  – Lower abdomen - ureter and urinary tract
  – aorta and inferior vena cava
Anesthesia Guidelines

• Services included with the anesthesia code:
  – Preoperative visits
  – Postoperative visits
  – Anesthesia during the procedure
  – Administration of fluids/blood
  – Usual monitoring
    • Unusual forms include CVP, Arterial line insertion, and Swanz-Ganz and are coded separately

Coders’ Tools

• CPT® manual - AMA
• Anesthesia Crosswalk - ASA
  • Organized by procedure code
• Anesthesia Relative Value Guide - ASA
  • Numeric ranking of a procedure
  • Base units

NOTE: You are NOT required to have the Anesthesia Crosswalk or the Anesthesia Relative Value Guide published by the ASA for this course.
Fee Formula

- RVU
- Anesthesia time
  - Listed in your Anesthesia Guidelines in your CPT® Coding Manual
  - Begins when patient is prepared
  - Ends when personal attendance not required
- Unit of time – 15 minutes
  - \( 8 \times 15 = 2 \) hours
  - May vary based on insurance contracts
- Additional Units

Physical Status Modifiers

- Assigned by the provider
- Coder would need to look for a diagnosis to report it
- Documented in anesthesia record

P1 - normal healthy
P2 - mild systemic disease
P3 - severe systemic disease (1 unit)
P4 - constant threat to patients life (2 units)
P5 - not expected to survive w/o surgery (3 units)
P6 - declared brain-dead patient
Qualifying Circumstances

• + 99100 – under 1 or over 70
  • Additional 1 unit
• + 99116 - complicated by hypothermia
  • Additional 5 units
• + 99135 - complicated by controlled hypotension
  • Additional 5 units
• + 99140 - complicated by emergency
  • Additional 2 units

Example #1

00326 - Anesthesia for all procedures on larynx and trachea in children younger than 1 year of age

  – Age included – not appropriate to use 99100

  – Parenthetical instruction stating not to use 99100 in conjunction with 00326
Example #2

00561 – Anesthesia for procedures on heart, pericardial sac, and great vessels of the chest; with pump oxygenator, younger than 1 year of age

– Age included – not appropriate to use 99100

– Parenthetical instruction stating not to use 99100, 99116, and 99135 in conjunction with 00561

Specificity of Codes

• Type of procedure
• Age of patient
• Re-operation timing
• Examples of detailed anesthesia codes
  – 00562 – Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, age 1 year or older, for all non-coronary bypass procedures (e.g., valve procedures) or for re-operation for coronary bypass more than 1 month after original operation.
  – 00211 - Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma
Adding It All Up

- Base Values (aka Relative Values/RVU)
- Time units – 15 minutes
- Modifying Units
- Physical Status Modifiers
- Qualifying Circumstances

Adding It All Up

- Medicare:
  - base value + time units = total units
  - does not give additional units.

- Commercial Payers (depending on contract):
  - base value + time units + modifying units = total units
### Example: Biopsy of Thyroid

**Medicare**
- Base value: 4
- 2 hrs (120 min/15): 8

<table>
<thead>
<tr>
<th>Total Units</th>
<th>12 x Conversion Factor</th>
</tr>
</thead>
</table>

**Commercial**
- Base value: 4
- 2 hrs (120 min/15): 8
- P3 Status Modifier: 1

<table>
<thead>
<tr>
<th>Total Units</th>
<th>13 x Conversion Factor</th>
</tr>
</thead>
</table>

### Fee Equation

- **Providers conversion factor $25.00**
  - **Medicare**
    - $25.00
    - X 12 Units
    - $300.00 fee billed to Medicare
  - **Commercial**
    - $25.00
    - X13 Units
    - $325.00 fee other payer
Anesthesia Guidelines: Separate or Multiple Procedures

• Only one anesthesia code is selected
• Exception – anesthesia add on codes
  – Example: +01968 Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia
• Report most extensive or most complex
• Use total anesthesia time for all procedures

Example:
– 01630 – Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified.
– 01820 – Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones

Only report 01630 – use time for both procedures.
Modifiers

HCPCS Level II

AA - Performed by anesthesiologist
AD - Medically supervised by physician
QK - Medically directing 2-4 concurrent procedures *(cases happening at the same time)*
QS - MAC (deep sedation)
QX - CRNA service medically directed
QY - medically directing CRNA single case
QZ - CRNA w/o medical direction

Medicare Policy

QK modifier - Medical Direction of 2-4 concurrent procedures

– Must document

• Pre-anesthetic exam and evaluation
• Prescribe anesthesia plan
• Personally provide any demanding parts
• Qualified Individual
• Monitor the course at frequent intervals
• Remain present and available for
• Provide postoperative care
CPT® Modifiers

- 53 – Discontinued Procedures
  - Used if surgeon discontinues the procedure

- 59 - Distinct procedural services
  - Example: General anesthesia during surgery, then an epidural is placed for post op pain management.

Anesthesia Review

- Determine the surgical procedure
- Locate in Index under Anesthesia
- Locate in Tabular index
- Identify provider
- Locate correct modifiers
  - HCPCS/CPT
  - Physical Status
  - Qualifying Circumstances
Anesthesia Time Review

• Calculate anesthesia time:

+ Base units
+ Time units
+ Additional Units
  » Status modifier
  » Qualifying Circumstances

= Total units

Additional Procedures

• CVP – central venous catheter (36555, 36556)
  – Monitoring
  – Quick administration

• Arterial Line Insertion (36620, 36625)
  – Based on technique used

• Swan-Ganz (93503)
  – Included if done through the CVP
  – Separate vessels code for both
Conclusion

• Important to understand
  – Anatomic location
  – Type of procedure being performed

• When looking up in the index, start with the word “Anesthesia”