



Anesthesia



Ohana Coding

CPT® Copyright

CPT® copyright 2016 American Medical Association. All rights reserved.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT®, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

CPT is a registered trademark of the American Medical Association.



Ohana Coding

[2]

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

- In the Index
 - Anesthesia
 - Corneal Transplant 00144
- In the Tabular List
 - Look at 00144 – Anesthesia for procedures on eye; corneal transplant



Example: Thyroid Biopsy

1. In the Index
 - Anesthesia
Biopsy
 - Ear _____ 00120
 - Liver _____ 00702
 - Salivary Glands _____ 00100

OR

 - Anesthesia
Thyroid _____ 00320-00322

 2. In the Tabular List
 - After reviewing 00320 – 00322
 - Was it a needle biopsy (00322)?



Example: Removal Lobe of The Lung

1. In the Index
 - Anesthesia
Lungs_____00522, 00539, 00540-00548
2. In the numeric listing
 - 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 numeric listing
 - 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 numeric listing
 - 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
 - Patient monitored/prepared for general anesthesia if needed. Patient responsive and maintains airway
- 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
 - Improves surgical access to the lung
- Pump Oxygenator
 - Bypass machine patients are placed on during cardiac procedures.
 - Information is included in the anesthesia note or in the operative 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 ileum is 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 or outside the peritoneal cavity
 - 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
- Crosswalk® A Guide for Surgery/Anesthesia CPT® Codes - 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 Anesthesia Guidelines in CPT® Codebook
 - Begins when patient is prepared for anesthesia
 - Ends when personal attendance not required
- Unit of time – 15 minutes
 - 8 units = 2 hours
 - May vary based on insurance contracts
- Additional Units



Physical Status Modifiers

- Assigned by the anesthesia provider
- Coder needs 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 patient's 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 years of age
 - Additional 1 unit
- + 99116 - anesthesia complicated by hypothermia
 - Additional 5 units
- + 99135 - anesthesia complicated by controlled hypotension
 - Additional 5 units
- + 99140 - anesthesia 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 indicating 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 (eg, 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 Unit Values (aka Relative Values/RVU)
- Time units – 15 minutes
- Modifying Units
 - Physical Status Modifiers
 - Qualifying Circumstances



Adding It All Up

- Medicare:
 - base unit value + time units = total units
 - does not give additional units for modifying factors.
- Commercial Payers (depending on contract):
 - base unit value + time units + modifying factor units = total units



Example: Needle Biopsy of Thyroid (00322)

Medicare

Base unit value 3
2 hrs (120 min/15) 8

Total Units 11 x Conversion Factor

Commercial

Base value 3
2 hrs (120min/15) 8

P3 Status Modifier 1
Total Units 12 x Conversion Factor



Fee Equation

- Providers conversion factor \$25.00
 - Medicare
 - \$25.00
 - X 11 Units
 - \$275.00 fee billed to Medicare
 - Commercial
 - \$25.00
 - X12 Units
 - \$300.00 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



Anesthesia Guidelines: Separate or Multiple 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 - Medical supervised by physician; more than 4 concurrent anesthesia procedures

QK - Medical direction of 2-4 concurrent procedures (*cases happening at the same time*)

QS - MAC (monitored anesthesia care)

G8 - Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedures.

G9 – Monitored anesthesia care for patient who has history of severe cardiopulmonary condition

QX - CRNA service: with medical direction by physician

QY – Medical direction of one CRNA by an anesthesiologist

QZ - CRNA without 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 postop pain management.



Anesthesia Review

- Determine the surgical procedure
- Locate in CPT® index under Anesthesia
- Locate code and descriptor in Anesthesia section
- Identify provider
- Locate correct modifiers
 - HCPCS/CPT
 - Physical Status
 - Qualifying Circumstances



| Anesthesia Time Review

- Calculate anesthesia time:
 - + Base units
 - + Time units
 - + Additional Units for modifying factors
 - 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 CPT® index, start with the word "Anesthesia"



The End

