Ten Steps to Coding Anesthesia Services

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Disclaimer

The information in this presentation was current at the time the presentation was complied and does not include specific payer policies or contract language. Always consult CPT®, CMS, and your payers for specific guidance in reporting services. The views expressed in this presentation are simply my interpretations of information I have read, compiled and studied. Much of the information is directly from the AMA, ASA, AAPC, CMS literature and other reputable sources.



Objectives

- Coding
 - Identify resources and documentation needed to code anesthesia services
 - Establish a simple, structured process for coding anesthesia services
- Documentation Compliance
 - Identify information needed to code anesthesia services routinely missing from the medical record
 - Identify ASA documentation requirements anesthesia providers and coders need to know



Types of Anesthesia

- Topical infiltration
- Local anesthesia
- Metacarpal/Metatarsal/Digital blocks
- Regional anesthesia
 - Peripheral nerve blocks
 - Epidural or spinal anesthesia
- Monitored anesthesia care (MAC)
- General anesthesia



Levels of Sedation

	Minimal Sedation Anxiolysis	Moderate Sedation/ Analgesia	Deep Sedation/ Analgesia	General Anesthesia
Responsiveness	Normal response to verbal stimulation	Purposeful** response to verbal or tactile stimulation	Purposeful** response following repeated or painful stimulation	Unarousable even with painful stimulus
Airway	Unaffected	No intervention required	Intervention may be required	Intervention often required
Spontaneous Ventilation	Unaffected	Adequate	May be inadequate	Frequently inadequate
Cardiovascular Function	Unaffected	Usually maintained	Usually maintained	May be impaired

ASA Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia



Who Makes the Rules?

- AMA American Medical Association http://www.ama-assn.org/
- ASA American Society of Anesthesiologists http://www.asahq.org/
- CMS Center for Medicare and Medicaid Services <u>http://www.cms.gov/center/anesth.asp</u>



ASA

- Standards
 - Provide rules or minimum requirements for clinical practice
- Guidelines
 - Systematically developed recommendations that assist the practitioner and patient in making decisions about health care
- Statements
 - Represent the opinions, beliefs, and best medical judgments of the House of Delegates

http://www.asahq.org/For-Healthcare-Professionals/Standards-Guidelines-and-Statements.aspx



Resources Needed

- CPT® book
- ICD-9-CM book
- HCPCS book
- ASA Crosswalk
- ASA Relative Value Guide



ASA Resources

- Relative Value Guide (RVG)
 - Numeric value assigned to a procedure in relation to other procedures in terms of work and cost (similar to RVUs)
 - "Base Units"
- Anesthesia Crosswalk
 - Links surgical procedure(s) performed to the appropriate anesthesia service code



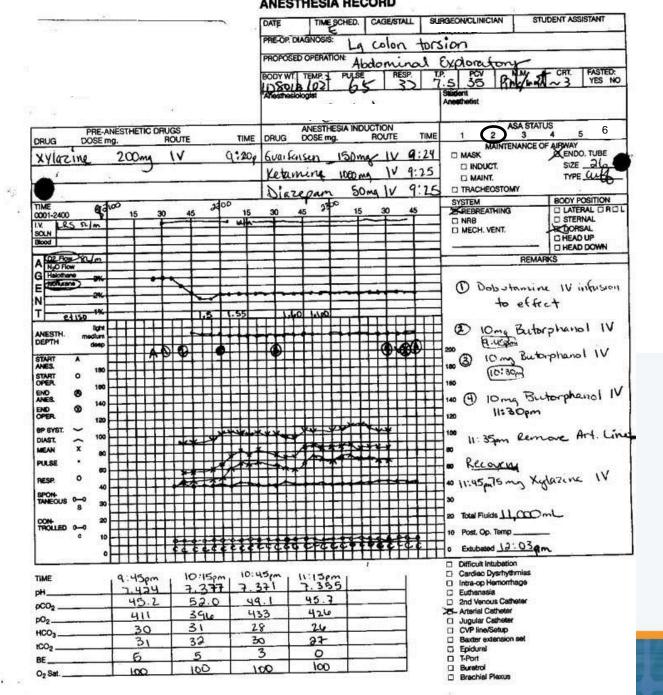
Documentation Needed

- Pre-anesthesia record completed by the anesthesia provider
- Anesthesia report completed by the anesthesia provider
- Post-anesthesia record completed by the anesthesia provider and the postanesthesia care unit (PACU) team
- Surgeon's operative report



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START STOP





What's Included?

- Pre-operative and post-operative visit
- General or regional anesthesia and patient care
- Administration of fluids and/or blood
- Usual monitoring services (eg, ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry)



Bundled Services

- Laryngoscopy (31505, 31515, 31527)
- Bronchoscopy (31622, 31645, 31646)
- Introduction of needle or catheter (36000-36015)
- Venipuncture or transfusion (36400-35440)
- Blood sample procurement through existing lines



Bundled Services (cont.)

- Otorhinolaryngologic services (92511-92520, 92543)
- CPR (92950)
- Temporary transcutaneous pacemaker (92953)
- Cardioversion (92960)
- ECG/EKG (93000-93010)
- Cardiovascular Stress Tests (93015-93018)



Bundled Services (cont.)

- Retrobulbar injection (67500)
- Interpretation of lab tests (81000-81015, 82013, 82205, 82270, 82271)
- Injections and IV drug administration (96360-96375)
- Esophageal, gastric intubation (91000, 91055, 91105)



Bundled Services (cont.)

- Injection of diagnostic or therapeutic substances (62310-62311, 62318-62319)
- Nerve blocks (64400-64530)
- Transesophageal echo (TEE) (93312-93318)

Each of the three services listed above may be separately reportable in certain circumstances. In those circumstances, modifier 59 should be appended to the CPT® code for the procedure(s) performed.



10 Steps

- 1. Determine the appropriate CPT® code(s) for the surgical procedure(s) performed.
- 2. Crosswalk the CPT® code(s) to the appropriate ASA code.
- 3. Determine the appropriate number of base units.
- 4. Determine the appropriate number of time units.
- 5. Assign the appropriate modifier to identify the anesthesia provider.



10 Steps (cont.)

- 6. Assign the appropriate modifier to identify MAC services, when appropriate.
- 7. Assign the appropriate physical status modifier.
- 8. If applicable, assign the appropriate qualifying circumstance code(s).
- 9. Determine the appropriate CPT® code(s) for any additional services or procedures performed.
- 10. Determine the total units for the anesthesia services.



ANESTHESIA CODING WORKSHEET Patient Name: DOS: OR OR OR Diagnosis: Procedure: OR OR OR OR OR Provider: OR OR OR OR OR When multiple surgical procedures are performed during a single anesthetic administration, only the anesthesia code with Anesthesia CPT the highest base unit value is reported. Code(s) & Base Units To Be Billed Is the base unit value associated with the preliminary anesthesia 3 CPT code less than 5? Was the procedure: If the answer to both questions is no, then Any procedure around the head, the preliminary anesthesia CPT code and neck, or shoulder girdle, requiring base units should be billed. field avoidance, or Did the procedure: If the answer to either question is yes, then Any procedure requiring a the preliminary anesthesia CPT code should position other than supine or be billed and 5 base units should be billed. lithotomy? NOTE: Anesthesia time begins when the Minutes Units Minutes Units Minutes **Total Time Units** Anesthesia Start Time anesthesiologist begins to prepare the patient To Be Billed 127.5 - 142.4 0 - 22.467.5 - 82.4for the induction of anesthesia in the operating Anesthesia End Time 2 22.5 - 37.482.5 - 97.4 10 142.5 - 157.4 room or in an equivalent area and ends when the anesthesiologist is no longer in personal 37.5 - 52.4 97.5 - 112.4 11 157.5 - 172.4 attendance, that is, when the patient may be Total Minutes 52.5 - 67.4 112.5 - 127.4 12 172.5 - 187.4 safely placed under postoperative supervision. The Anesthesiologist must: Anesthesiologist AA: Anesthesia services performed personally by anesthesiologist Perform pre-anesthetic examination and evaluation QY: Medical direction of one CRNA by an anesthesiologist Prescribe the anesthesia plan □ QK: Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals Personally participation in the most demanding procedures □ AD: Medical supervision by a physician; more than four concurrent anesthesia procedures in the anesthesia plan 5 ■ Ensure any procedures that are not personally performed Certified Registered Nurse Anesthetist (CRNA) are performed by a qualified individual QX: CRNA service; with medical direction by a physician Monitor the course of anesthesia in frequent intervals QZ: CRNA service; without medical direction by a physician Remain physically present and available for emergencies □ Provide indicated post-operative care QS: MAC service ☐ G8: MAC for deep complex, complicated, or markedly invasive surgical procedure ☐ G9: MAC for patient who has history of severe cardiopulmonary condition P1: A normal healthy patient □ P2: A patient with mild systemic disease P2: 0 P3: 1 P3: A patient with severe systemic disease ☐ P4: A patient with severe systemic disease that is a constant threat to life P4: 2 P5: 3 □ P5: A moribund patient who is not expected to survive without the operation ☐ P6: A declared brain-dead patient whose organs are being removed for donor purposes P6: 0 +99100: 1 □ +99100: Anesthesia for patient of extreme age, younger than 1 year old and older than 70 +99116: Anesthesia complicated by utilization of total body hypothermia +99116:5 □ +99135: Anesthesia complicated by utilization of controlled hypotension +99135: 5 +99140:2 □ +99140: Anesthesia complicated by emergency conditions (specify) (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life of body part.) Base Units Base Units Time Units Time Units Modifying Units **Total Units Total Units**

Step 1: CPT® Code for Procedure

- Surgeon performs an excision of a benign tumor on the olecranon process
 - CPT® Code: 24120



Multiple Procedures

- Crosswalk all surgical procedures performed
- Select the anesthesia code with the highest base units value
- Only one ASA code is reported
- Report the total anesthesia time



Step 2: Crosswalk

 Surgeon performs an excision of a benign tumor on the olecranon process

- CPT® Code: 24120

<u>CPT</u>[®] <u>ASA</u> 24120 **01740** <u>Units</u>

4+TM

Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified



Multiple Procedures Example

- Procedures Performed:
 - Closed treatment of proximal fibula or shaft fracture

• CPT® Code: 27780

ASA Crosswalk: 01462

ASA Base Units: 3

Revision of total hip arthroplasty

• CPT® Code: 27130

ASA Crosswalk01215

ASA Base Units: 10



Multiple Crosswalk Options

- Procedure:
 - Coronary artery bypass, vein only (33510)
- ASA Crosswalk Options:
 - 00562 Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, age 1 or older for all non-coronary bypass procedures or for reoperation for coronary bypass more than 1 month after original operation
 - (Base = 20)
 - 00566 Anesthesia for direct coronary artery bypass grafting; without pump oxygenator
 - (Base = 25)
 - 00567 Anesthesia for direct coronary artery bypass grafting; with pump oxygenator
 - (Base = 18)



Step 3: Base Units

ASA-RVG Base Unit Exceptions

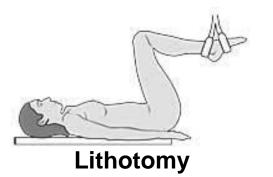
- Procedures of the head, neck, or shoulder girdle requiring field avoidance
- Procedures performed in a position other than supine or lithotomy

For either of the above circumstances, a minimum base unit of 5 should be used.



Patient Positions







Step 4: Time Units

Anesthesia Time

- Begins: When the anesthesia provider prepares the patient for the induction of anesthesia in the operating room or equivalent area
- Ends: When the anesthesia provider is no longer in personal attendance (patient is safely placed under post-operative supervision)



Step 4: Time Units (cont.)

- AMA and ASA recommend that 1 unit of time is equal to 15 minutes of anesthesia time
 - Time is rounded up to the next unit after 7 ½ minutes is reached.
- Some carriers, including Medicare, do not follow the above recommendation. Refer to your local payer contracts and policies for specific guidance for reporting time.



Step 4: Time Units (cont.)

Medicare

- Requires the actual anesthesia time (total number of minutes) be reported in box 24G of the CMS-1500 claim form
- Computes time units as one unit per 15minute time period and rounds time unit to one decimal place

	Minute	Unit	Minute	Unit		
	1-2	0.1	9	0.6		
	3	0.2	10-11	0.7		
	4-5	0.3	12	0.8		
V	6	0.4	13-14	0.9		
	7-8	0.5	15	1.0		



Step 5: Anesthesia Provider

Modifier	Description
AA	Anesthesia services performed personally by anesthesiologist
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures
QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
QY	Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist
QX	CRNA service: with medical direction by a physician
QZ	CRNA service: without medical direction by a physician



Medicare and Medical Direction

- Qualified Individuals
 - CRNAs
 - AAs
 - Interns
 - Residents*
 - Student nurse anesthetists



Medicare and Medical Direction

- 1. Perform pre-anesthetic exam and evaluation
- 2. Prescribe the anesthesia plan
- 3. Personally participate in the most demanding procedures in the anesthesia plan
- 4. Ensures procedures that are not personally performed are performed by a qualified individual
- 5. Monitors the course of anesthesia in frequent intervals
- Remains physically present and available for emergencies
- 7. Provides indicated post-operative care



Teaching Physician Guidelines

- Teaching physician must:
 - Be immediately to furnish services during the entire procedure
 - Document
 - Presence during all critical (or key) portions of the procedure
 - Involvement in cases with residents
 - Availability of another teaching anesthesiologist as necessary
 - Report
 - Modifier AA
 - Modifier GC



Step 6: MAC Services

Modifier	Description
QS	Monitored anesthesia care service
G8	Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure
G9	Monitored anesthesia care for patient who has history of severe cardiopulmonary condition

If a service is intended to be MAC and at any point the patient is unable to control their own airway, the service is no longer considered a MAC service and should be reported as general anesthesia.



Step 7: Physical Status

Modifier	Description	Base Unit Value
P1	A normal health patient	0
P2	A patient with mild systemic disease	0
P3	A patient with severe systemic disease	1
P4	A patient with severe systemic disease that is a constant threat to life	2
P5	A moribund patient who is not expected to survive without the operation	3
P6	A declared brain-dead patient whose organs are being removed for donor purposes	0



Physical Status Mortality Rates

ASA Physical Status	Dripps et al 1961	Marx et al 1973
1		1:9,160
2	1: 1,013	1: 10,609
3	1: 151	1: 347
4	1: 22	1:134
5	1:11	1: 64

Introduction to Anesthesia Robert Dunning Dripps, James E. Eckenhoff, Leroy D. Vandam Saunders Publishing



Step 8: Qualifying Circumstances

CPT Code	Description	Base Unit Value
+99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)	1
+99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)	5
+99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)	5
+99140	Anesthesia complicated by emergency conditions (List separately in addition to code for primary anesthesia procedure)	2



99100 Exceptions

- 00326 Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age
- 00561 Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, younger than 1 year of age



99100 Exceptions (cont.)

- 00834 Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age
- 00836 Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants younger than 37 weeks gestational age at birth and younger than 50 weeks gestational age at time of surgery



Step 9: Additional Procedures

- Insertion of central venous catheter (36555-36558, 36568-36569)
- Insertion of an intra-arterial catheter (36620-36625)
- Insertion of Swan-Ganz (93503)
- Transesophageal Echocardiography (TEE) (93312-93318)
- Procedures performed for post-operative pain management



Line Placements

- When was the line placed?
- Who placed the line?
 - Reportable by the anesthesia provider:
 - The anesthesia provider
 - Not reportable by the anesthesia provider:
 - The surgeon
 - Another provider
- Was the CVP used to thread the Swan-Ganz catheter?
 - If so, only the Swan-Ganz is separately reportable
- How many lines are there?



Transesophageal Echocardiography

- Reportable by the anesthesia provider:
 - When performed for diagnostic or therapeutic purposes and supported by the documentation
 - Modifier 59 should be appended to the CPT[®] code for the TEE



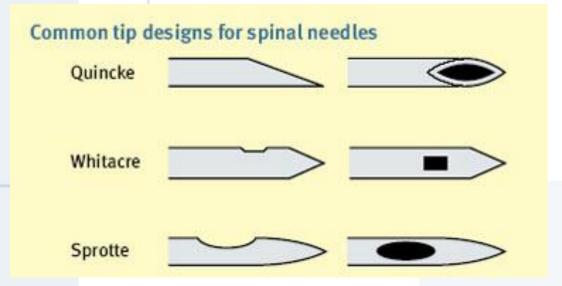
Post-Operative Pain Management

Epidurals

- If epidural is route of administration for anesthesia, postoperative pain management is not separately reportable
- When separately reportable
 - Based on spinal region
 - Two types
 - Single Injection (62310 62311)
 - » 01996 is not appropriate
 - Continuous Infusion or Intermittent Bolus (62318-62319)
 - » Include catheter placement
 - » Append modifier 59
 - » Can report 01996 for subsequent daily hospital management
 - Time placing the epidural must be carved out of the total anesthesia time



Spinal Anesthesia

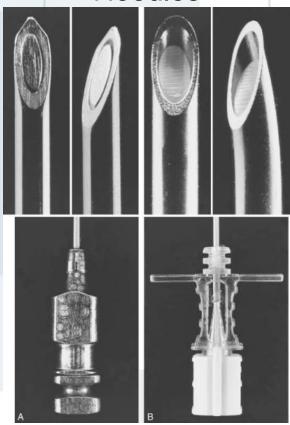


http://www.anaesthesiauk.com/images/lumbar-fig1.jpg

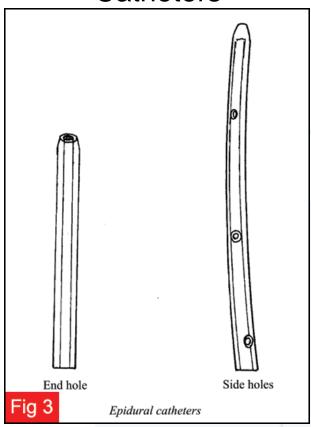


Epidurals

Needles



Catheters

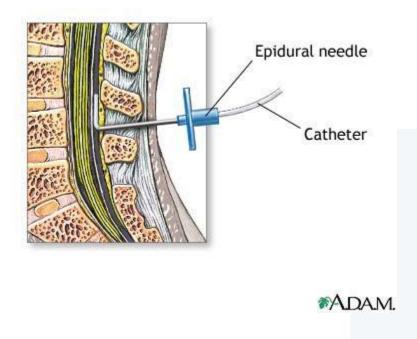


From Miller: Miller's Anesthesia, 6th ed.

http://www.nda.ox.ac.uk/wfsa/html/u13/u1311_02.htm



Epidurals



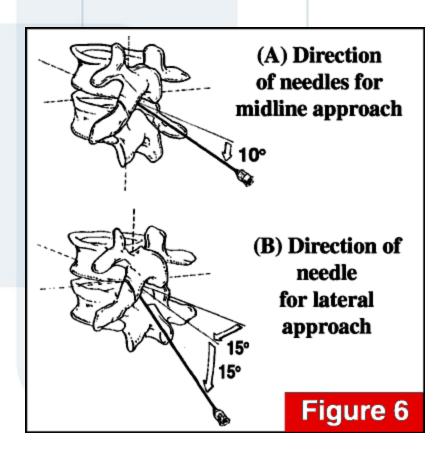


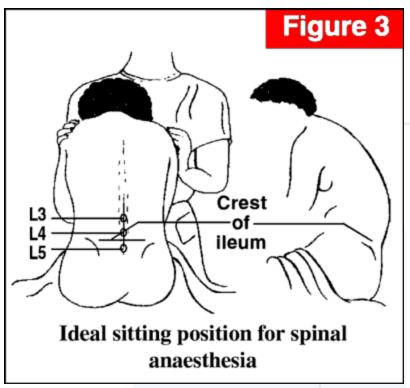
Post-Operative Pain Management (cont.)

- Nerve Blocks
 - If epidural is route of administration for anesthesia, post-operative pain management is not separately reportable
 - When separately reportable
 - Based on the nerve being blocked
 - Single Injection
 - Continuous Infusion by Catheter
 - Brachial plexus, sciatic nerve, femoral nerve, lumbar plexus
 - Time performing block must be carved out of the total anesthesia time



Spinal Blocks





http://www.healthsystem.virginia.edu/internet/anesthesiology-elective/neuraxial/section-3.pdf



Step 10: Total Anesthesia Units

Medicare

Base Value + Time Units = Total Units

Other Payers*

Base Value + Time Units + Modifying Units = Total Units

*Verify your payers' policies and contracts for specific guidance for proper determination of calculating units.



ANESTHESIA CODING WORKSHEET Patient Name: DOS: OR OR OR Diagnosis: Procedure: OR OR OR OR OR Provider: OR OR OR OR OR When multiple surgical procedures are performed during a single anesthetic administration, only the anesthesia code with Anesthesia CPT the highest base unit value is reported. Code(s) & Base Units To Be Billed Is the base unit value associated with the preliminary anesthesia 3 CPT code less than 5? Was the procedure: If the answer to both questions is no, then Any procedure around the head, the preliminary anesthesia CPT code and neck, or shoulder girdle, requiring base units should be billed. field avoidance, or Did the procedure: If the answer to either question is yes, then Any procedure requiring a the preliminary anesthesia CPT code should position other than supine or be billed and 5 base units should be billed. lithotomy? NOTE: Anesthesia time begins when the Minutes Units Minutes Units Minutes **Total Time Units** Anesthesia Start Time anesthesiologist begins to prepare the patient To Be Billed 127.5 - 142.4 0 - 22.467.5 - 82.4for the induction of anesthesia in the operating Anesthesia End Time 2 22.5 - 37.482.5 - 97.4 10 142.5 - 157.4 room or in an equivalent area and ends when the anesthesiologist is no longer in personal 37.5 - 52.4 97.5 - 112.4 11 157.5 - 172.4 attendance, that is, when the patient may be Total Minutes 52.5 - 67.4 112.5 - 127.4 12 172.5 - 187.4 safely placed under postoperative supervision. The Anesthesiologist must: Anesthesiologist AA: Anesthesia services performed personally by anesthesiologist Perform pre-anesthetic examination and evaluation QY: Medical direction of one CRNA by an anesthesiologist Prescribe the anesthesia plan □ QK: Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals Personally participation in the most demanding procedures □ AD: Medical supervision by a physician; more than four concurrent anesthesia procedures in the anesthesia plan 5 ■ Ensure any procedures that are not personally performed Certified Registered Nurse Anesthetist (CRNA) are performed by a qualified individual QX: CRNA service; with medical direction by a physician Monitor the course of anesthesia in frequent intervals QZ: CRNA service; without medical direction by a physician Remain physically present and available for emergencies □ Provide indicated post-operative care QS: MAC service ☐ G8: MAC for deep complex, complicated, or markedly invasive surgical procedure ☐ G9: MAC for patient who has history of severe cardiopulmonary condition P1: A normal healthy patient □ P2: A patient with mild systemic disease P2: 0 P3: 1 P3: A patient with severe systemic disease ☐ P4: A patient with severe systemic disease that is a constant threat to life P4: 2 P5: 3 □ P5: A moribund patient who is not expected to survive without the operation ☐ P6: A declared brain-dead patient whose organs are being removed for donor purposes P6: 0 +99100: 1 □ +99100: Anesthesia for patient of extreme age, younger than 1 year old and older than 70 +99116: Anesthesia complicated by utilization of total body hypothermia +99116:5 □ +99135: Anesthesia complicated by utilization of controlled hypotension +99135: 5 +99140:2 □ +99140: Anesthesia complicated by emergency conditions (specify) (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life of body part.) Base Units Base Units Time Units Time Units Modifying Units **Total Units Total Units**

Exceptions

Anesthesia for Obstetric Services

Anesthesia for Burn Excisions or Debridement



Anesthesia for Obstetrics

- Base units plus time units (insertion through delivery), subject to a reasonable cap
- Base units plus one unit per hour for neuraxial analgesia management plus direct contact time (insertion, management of adverse effects, delivery, removal)
- Incremental time-based fees (eg, 0<2 hrs, 2-6 hrs, >6 hrs)
- Single fee



Anesthesia for Obstetrics

- Vaginal labor and delivery converted to a Cesarean delivery
 - Only anesthesia scenario in which each of the services reported require base and time units to be calculated
 - Vaginal labor and delivery: 01967
 - Time: Anesthesia start time through decision for C-Section
 - Cesarean delivery following labor analgesia: +01968
 - Time: Decision for C-Section through anesthesia end time



Anesthesia for Burn Excisions or Debridement

- Second- or third-degree burns treated during anesthesia and surgery
- Based on total body surface area (TBSA)
 - 01951: less than 4% total body surface area
 - 01951: 4% to 9% total body surface area or part thereof
 - +01953: each additional 9% total body surface area or part thereof



Anesthesia Documentation & Compliance



Anesthesia Team

- Anesthesiologist
- Anesthesiology Fellow
- Anesthesiology Resident
- Nurse Anesthetist
- Anesthesiologist Assistant
- Student Nurse Anesthetist
- Anesthesiologist Assistant Student



Safe Conduct

- Anesthesiologist directing the team is responsible for:
 - Management of personnel
 - Preanesthetic evaluation of the patient
 - Prescribing the anesthetic plan
 - Management of the anesthetic
 - Postanesthesia care
 - Postanesthetic complications
 - Anesthesia consultation



Preanesthesia Documentation

- Patient interview, including
 - Patient identification
 - Procedure identification
 - Verification of admission status
 - Medical history
 - Anesthetic history
 - Medication and allergy history
 - NPO status
 - Assess aspects of patient's physical condition that might affect decisions regarding perioperative risk and management



Preanesthesia Documentation (cont.)

- Appropriate physical examination, including
 - Vital signs
 - Airway assessment
- Review of objective diagnostic data
- Review of available medical record
- Formulation of the anesthetic plan and discussion of the risks and benefits of the plan (including discharge issues when indicated) with the patient or the patient's legal representative and/or escort
- Records an assessment (diagnosis)
- Documentation of appropriate informed consent(s)



Preanesthesia Documentation (cont.)

- When applicable/indicated
 - Medical consultations
 - Assignment of ASA physical status,
 including emergent status when applicable
 - Appropriate premedication and prophylactic antibiotic administrations



Preanesthesia Documentation (cont.)

 If the patient is a minor or is unable to communicate, this should be reflected in the documentation as should the source of the information obtained



Intra-operative Documentation

Time-based record of events, including

- Immediate review prior to initiation of anesthetic procedures
 - Patient re-evaluation
 - Re-verification of NPO status
 - Check of equipment
 - Check of drugs supply
 - Check of gas supply



Intra-operative Documentation (cont.)

- Technique used
- Patient position(s)
- Any unusual events during the administration of anesthesia
- Status of the patient at the conclusion of anesthesia



Intra-operative Documentation (cont.)

- Monitoring of the patient
 - Oxygenation
 - Ventilation
 - Circulation
 - Body Temperature
- Doses of drugs and agents used
 - Times of administration
 - Routes of administration
 - Any adverse reactions



Intra-operative Documentation (cont.)

- Type of IV fluids used*
 - Amounts of IV fluids used
 - Times of IV fluid administration
- Intravenous/Intravascular lines inserted
 - Technique for insertion
 - Location
- Airway devices inserted
 - Technique for insertion
 - Location

*IV fluids includes blood and blood products



Postanesthesia Documentation

- Anesthesia provider
 - Patient evaluation on admission to post anesthesia care unit (PACU)
- Anesthesia provider/PACU Nurse
 - Patient evaluation on discharge from PACU
 - Any unusual events during the administration of anesthesia
 - Postanesthesia visits



Postanesthesia Documentation (cont.)

- Anesthesia provider/PACU Nurse
 - Time-based record of
 - Vital signs
 - Level of consciousness
 - Drugs administered
 - Dosage
 - Route of administration
 - Type of IV fluids used
 - Amounts of IV fluids used



Resources Utilized

- 2013 CPT[®] Professional Edition
- 2012 ICD-9-CM
- 2013 HCPCS Level II
- 2013 ASA Relative Value Guide
- 2013 ASA Crosswalk
- 2013 Coding and Payment Guide for Anesthesia Services
- CMS Claims Processing Manual, Chapter 12, Section 50
- ASA Standards Guidelines and Statements
 - The Anesthesia Care Team (2009)
 - Documentation of Anesthesia Care (2008)
 - Basic Standards for Preanesthesia Care (2009)
 - Standards for Postanesthesia Care (2009)



QUESTIONS?



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CEU Code:

