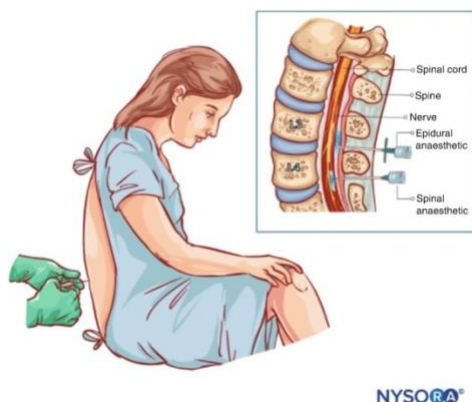# ANESTHESIA (00100-01990)

Anesthesia is the use of drugs to make patients unconscious, relieve pain, and/or relax muscles during medical procedures.

- There are three main types:

1) General anesthesia(for unconsciousness),

2) Regional anesthesia (for specific areas), and

3)Local anesthesia (for small areas).(included in surgery)

 Anesthesiologists or nurse anesthetists administer and monitor anesthesia during procedures to ensure patient comfort and safety.

The anesthesia administers through:

- intravenous

- intramuscular

- intrathecal (spinal cord)

- Endotracheal (inhalation of gases)

- Topical application or spray.

The services which are included in anesthesia care are usual preoperative and post operative services, anesthesia care during the procedure ,administration of fluids and or blood and usual monitoring services are.

(eg, ECG, Temparature, Blood pressure, oximetry, capnography, and mass spectrometry.)

Not included are (intra – arterial, central venous, and swanz ganz)

- To report Regional or general anesthesia provided by a physician also performing the services for which the anesthesia is provided append modifier 47.

47 – anesthesia by surgeon.

ANESTHSIA TIME REPORTING: Anesthesia is a time based service.

Anesthesia time begins when anesthesiologist begins to prepare the patient for induction of anesthesia in the operating room and ends when the anesthesiologist is no longer personnel attendance or when the patient may be safely placed under post operative supervision.

Starting time of anesthesia : when the patient prepared for anesthesia is called starting time of anesthesia.

Ending time of anesthesia : when the patient moved out of operating theatre is called end time of anesthesia.

Q1)patient is prepared for anesthesia 6 am the surgery performed on 8 am and end time of surgery is 9 am end time of anesthesia is 10:30 am.

Anesthesia time is = 4 hr 30 minutes.

For each 15 min of anesthesia we should considered it as a1 UNIT .

 15 MIN = 1 UNIT

30 MIN = 2 UNITS

45 MIN = 3 UNITS

1 HOUR = 4 UNITS

2 HOURS = 8 UNITS.

MINIMUM 8 MINUTES CONSIDERED AS 1 UNIT.

22 MINUTES 15+7 = 1 UNIT

23 MINUTES 15+8 = 2 UNITS

THE FORMULA USED TO GET THE ANESTHESIA BILLINGS ARE:

Base value + Time units +Modifying factor (physical status modifier unit) = total units × conversion factor .

PHYSICAL STATUS MODIFIERS: These are modifiers which states patient health status they are represented with initial letter P and followed by single digits (1 to 6)

P1 = A normal healthy patient.(patient not having any chronic conditions)

P2 = A patient with mild systemic disease(controlled Diabetis mellitus, hypertension etc).

P3 = A patient with severe systemic disease(uncontrolled Diabetis mellitus or hypertension).

P4 = A patient with severe systemic disease that is constant threat to life.

 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 purpose.

Ex : General anesthesia for surgery on major vessel of neck for a healthy patient : 00350 – P1.

Q2) General anesthesia for major vessel of neck for a mild diabetic patient . – 00350- P2.

PS units are = P1= 0,P2= 0, P3 = 1, P4 = 2,P5= 3,P6= 0.

   QUALIFYING CIRCUMSTANCES: Many anesthesia services are provided under particular difficult circumstances .

These are the ADD codes ,coded along with anesthesia services.

- Can be used more the one.

+99100 – Anesthesia for patient of extreme age, younger then 1 year older than 70.

(for procedures performed on infants younger then 1 year of age at time of surgery, see 00326,00561,00834,00836)

+99116 – Anesthesia complicated by utilization of total body hypothermia.

+99135 – Anesthesia complicated by utilizing of controlled hypotension.

+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 or body part.)

Q1) General anesthesia for surgery on major vessel of neck for a 72 year old patient.

   00350

   +99100

Q2)General anesthesia for an emerging surgery on major vessels of neck for a 72 year old patient.

   00350

   99100

   99140

Guidelines

1. Look for the appropriate Physical Status Modifier (P1, P2, P3, P4, P5, P6)

 • Only one PS modifier per anesthesia service

• Report PS modifiers only to anesthesia services(Don't report with 99100-99140)

 2. Look for, if Qualyfying Circumstance is applicable to report

 • More than one qualifying circumstance may be selected

• Do not report modifier 51 to Add on CPT(99110-99140)

 • Do not report 99100 with 00326, 00561, 00834, and 00836

3. Anesthesia modifiers are only to be reported with anesthesia services.

 4. Look for the Anesthesia performed for the procedure (Procedure: Head, Neck, Thorax, Spine & Spinal Cord, Upper Abdomen, Lower abdomen, Perineum, Pelvis, Upper Leg, Knee, Lower leg, Shoulder, Upper arm, Forearm, Wrist, and Hand, Delivery etc.)

5. Don't report preoperative visits

 • E& M services if performed for anesthesia care, then don't report

6. If question is asked to report only anesthesia, then do not report procedure

7. Identify Diagnostic VS Surgical

8. Identify Open Vs Arthroscopic/Laparoscopic

9. Moderate (conscious) sedation provided by a physician also performing the service/ Procedure, see codes 99151, 99152, 99153,

10. Moderate (conscious) sedation provided by different physician(other than the surgeon), see codes 99155, 99156, 99157 -

11. To report regional or general anesthesia provided by surgeon use modifier 47 to the surgery code and do not again report the anesthesia service separately.

12. If postoperative pain management performed through Nerve blocks then report nerve block procedure with modifier 59.

13. if two procedures performed with single anesthesia code anesthesia code for complex procedure and calculate the time for combined total procedure.

Questions :

1. Anesthesia for tracheostomy 72yr PT – 00320,99100

2. Anesthesia for tracheostomy 10month old Patient – 00326

3. Anesthesia for total knee arthroplasty-01402

4. Anesthesia for cardiac electrophysiology radiofrequency ablation - 00537

5. Anesthesia for tendon repair in finger - 01810

6. Anesthesia for shunt revision AV fistula - 01844

7. Anesthesia for cystoscopy bladder more excision - 00912

9. Anesthesia for whipple procedure 00794

10. Anesthesia for DVT(deep vein thrombosis) – 01520

11. Anesthesia for lower 3rd femur procedure -01340

12. Anesthesia for hip arthroplasty revision -01215

13. Anesthesia for re- operation of CABG – 00562

14. Anesthesia for depressed skull fracture -00215

15. Nerve block performed to femoral nerve - 01991

16. Anesthesia for pacemaker –00530