

Anesthesia Services

An essential coding, billing
and reimbursement resource for
anesthesiology and pain management



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Getting Started with Coding and Payment Guide

The *Coding and Payment Guide for Anesthesia Services* is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book. The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures. For ease of use, *Coding and Payment Guide for Anesthesia Services* lists the CPT and HCPCS Level II codes in ascending numeric order. Included in the code set are all surgery and medicine codes pertinent to the specialty. Each CPT code is followed by its official code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed nor had only minimal changes, the AMA has assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence. Codes within the Optum360 *Coding and Payment Guide* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information

One or more columns are dedicated to each procedure or service to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page 2. The black boxes with numbers in them correspond to the information on the page following the example.

CCI Edit Updates

The *Coding and Payment Guide* series includes the a list of codes from the official Centers for Medicare and Medicaid Services' *National Correct Coding Policy Manual for Part B Medicare Contractors* that are considered to be an integral part of the comprehensive

code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version 23.3, the most current version available at press time. The CCI edits are now located in a section at the back of the book. Optum360 maintains a website to accompany the *Coding and Payment Guide* series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is <https://www.optum360coding.com/ProductUpdates/>. The 2018 edition password is: **SPECIALTY18**. Please note that you should log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

Arm

Lower, 00400, 01810-01860
Arteries, 01842
Bones, Closed, 01820

General Guidelines

Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, the service or procedure itself is not limited to use only by that specialty group. Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies

Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component

Some pathology codes have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

Sample Page and Key

On the following pages are a sample page from the book displaying the format of *Coding and Payment Guide* with each element identified and explained on the opposite page.

00546

00546 Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty

Coding Tips

This code is used to report anesthesia performed when services, such as resection of lung tumors (32503–32504) are performed by the surgeon.

Surgical to Anesthesia Code Crosswalk

32503, 32504

ICD-10-CM Diagnostic Codes

- A15.0 Tuberculosis of lung
- B44.0 Invasive pulmonary aspergillosis
- B44.1 Other pulmonary aspergillosis
- C34.01 Malignant neoplasm of right main bronchus
- C34.11 Malignant neoplasm of upper lobe, right bronchus or lung
- C34.2 Malignant neoplasm of middle lobe, bronchus or lung
- C34.31 Malignant neoplasm of lower lobe, right bronchus or lung
- C34.81 Malignant neoplasm of overlapping sites of right bronchus and lung
- C45.0 Mesothelioma of pleura
- C46.51 Kaposi's sarcoma of right lung
- C78.01 Secondary malignant neoplasm of right lung
- C79.89 Secondary malignant neoplasm of other specified sites
- C7A.090 Malignant carcinoid tumor of the bronchus and lung
- D02.21 Carcinoma in situ of right bronchus and lung
- D14.31 Benign neoplasm of right bronchus and lung
- D38.1 Neoplasm of uncertain behavior of trachea, bronchus and lung
- J43.0 Unilateral pulmonary emphysema [MacLeod's syndrome]
- J43.1 Panlobular emphysema
- J43.2 Centrilobular emphysema
- J43.8 Other emphysema
- J47.0 Bronchiectasis with acute lower respiratory infection
- J47.1 Bronchiectasis with (acute) exacerbation
- J47.9 Bronchiectasis, uncomplicated
- J85.0 Gangrene and necrosis of lung
- J85.1 Abscess of lung with pneumonia
- J85.2 Abscess of lung without pneumonia
- J98.4 Other disorders of lung
- Q33.2 Sequestration of lung
- S21.311A Laceration without foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter
- S21.321A Laceration with foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter
- S21.331A Puncture wound without foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter
- S21.341A Puncture wound with foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter
- S21.351A Open bite of right front wall of thorax with penetration into thoracic cavity, initial encounter
- S21.411A Laceration without foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter

- S21.421A Laceration with foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter
- S21.431A Puncture wound without foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter
- S21.441A Puncture wound with foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter
- S21.451A Open bite of right back wall of thorax with penetration into thoracic cavity, initial encounter
- S27.311A Primary blast injury of lung, unilateral, initial encounter
- S27.312A Primary blast injury of lung, bilateral, initial encounter
- S27.321A Contusion of lung, unilateral, initial encounter
- S27.322A Contusion of lung, bilateral, initial encounter
- S27.331A Laceration of lung, unilateral, initial encounter
- S27.332A Laceration of lung, bilateral, initial encounter
- S27.391A Other injuries of lung, unilateral, initial encounter
- S27.392A Other injuries of lung, bilateral, initial encounter

AMA: 00546 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11; 2014,Aug,5; 2012,Jul,12-14; 2012,Jan,15-42; 2011,Oct,3-4; 2011,Jul,16-17; 2011,Jan,11

Relative Value Units/Medicare Edits

	Base Units	Time/Minutes
00546	15	15

	FUD	Status	MUE	Modifiers	IOM Reference
00546	N/A	J		N/A N/A N/A N/A	100-04,4,250.3.3.1

* with documentation

Terms To Know

contusion. Superficial injury (bruising) produced by impact without a break in the skin.

laceration. Tearing injury; a torn, ragged-edged wound.

resection. Surgical removal of a part or all of an organ or body part.

thoraco-. Relating to the chest.

thoracotomy. Surgical procedure for opening the chest wall in order to access the lungs, esophagus, trachea, aorta, heart, and diaphragm.

[64461, 64462, 64463]

- 64461** Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)
- + **64462** second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)
- 64463** continuous infusion by catheter (includes imaging guidance, when performed)

Explanation

The physician injects anesthetic into the paravertebral space achieving an ipsilateral nerve block. The patient is sitting or lying with knees brought up to the chest allowing for more room between the transverse processes and proper needle placement. The transverse process is usually found when the needle is inserted about 3 cm to 6 cm. Once located, the needle is pulled back to the skin level and redirected to “walk off” the transverse process. The goal is to inject at 1 cm beyond the transverse process. This procedure is typically used in patients undergoing mastectomy, cosmetic breast procedures, thoracic surgery, and/or for patients with rib fractures. Report 64461 for a single injection site; 64462 for the second and any additional injection sites; and 64463 when continuous infusion by catheter is required.

Coding Tips

Report 64462 with 64461. Do not report 64462 more than once a day. Do not report 64461–64463 with 62320, 62324, 64420–64421, 64479–64480, or 64490–64492. Radiological supervision and interpretation is included and not reported separately (76942, 77002, 77003.)

Documentation Tips

Documentation should include the specific level and number of injection sites. The substance administered should also be recorded.

Reimbursement Tips

Code 64462 should be reported with one unit only per date of service.

ICD-10-CM Diagnostic Codes

- G89.11 Acute pain due to trauma
- G89.12 Acute post-thoracotomy pain
- G89.18 Other acute postprocedural pain
- G89.21 Chronic pain due to trauma
- G89.22 Chronic post-thoracotomy pain
- G89.28 Other chronic postprocedural pain
- G89.29 Other chronic pain
- G90.511 Complex regional pain syndrome I of right upper limb
- G90.521 Complex regional pain syndrome I of right lower limb
- G90.59 Complex regional pain syndrome I of other specified site
- R07.1 Chest pain on breathing
- R07.2 Precordial pain
- R07.81 Pleurodynia
- R07.82 Intercostal pain
- R07.89 Other chest pain
- S22.31XA Fracture of one rib, right side, initial encounter for closed fracture
- S22.31XB Fracture of one rib, right side, initial encounter for open fracture
- S22.41XA Multiple fractures of ribs, right side, initial encounter for closed fracture

S22.41XB Multiple fractures of ribs, right side, initial encounter for open fracture

AMA: 64461 2017,Jan,8; 2016,Jan,9 64462 2017,Jan,8; 2016,Jan,9 64463 2017,Jan,8; 2016,Jan,9

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
64461	1.75	2.28	0.19	4.22
64462	1.1	1.12	0.1	2.32
64463	1.9	2.46	0.15	4.51
Facility RVU	Work	PE	MP	Total
64461	1.75	0.56	0.19	2.5
64462	1.1	0.34	0.1	1.54
64463	1.9	0.42	0.15	2.47

	FUD	Status	MUE	Modifiers				IOM Reference
64461	0	A	1(2)	51	50	N/A	N/A	None
64462	N/A	A	1(2)	N/A	50	N/A	N/A	
64463	0	A	1(3)	51	50	N/A	N/A	

* with documentation

Terms To Know

- closed fracture.** Break in a bone without a concomitant opening in the skin.
- CNS.** Central nervous system.
- ipsilateral.** Located on, or affecting, the same side of the body, usually as it relates to a bilateral body part.
- nerve block.** Regional anesthesia/analgesia administered by injection that prevents sensory nerve impulses from reaching the central nervous system.
- open fracture.** Exposed break in a bone, always considered compound due to its high risk of infection from the open wound leading to the fracture.
- para-.** Indicates near, similar, beside, or past.
- process.** Anatomical projection or prominence on a bone.