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Anesthesia Guidelines

Services involving administration of anesthesia are reported by the use of the anesthesia five-digit procedure code (00100-01999) plus modifier codes (defined under "Anesthesia Modifiers" later in these Guidelines).

The reporting of anesthesia services is appropriate by or under the responsible supervision of a physician. These services may include but are not limited to general, regional, supplementation of local anesthesia, or other supportive services in order to afford the patient the anesthesia care deemed optimal by the anesthesiologist during any procedure. These services include the usual preoperative and postoperative visits, the anesthesia care during the procedure, the administration of fluids and/or blood and the usual monitoring services (eg, ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry). Unusual forms of monitoring (eg, intra-arterial, central venous, and Swan-Ganz) are not included.

Items used by all physicians in reporting their services are presented in the **Introduction.** Some of the commonalities are repeated in this section for the convenience of those physicians referring to this section on **Anesthesia.** Other definitions and items unique to anesthesia are also listed.

To report moderate (conscious) sedation provided by a physician also performing the service for which conscious sedation is being provided, see codes 99151, 99152, 99153.

When a second physician other than the health care professional performing the diagnostic or therapeutic services provides moderate (conscious) sedation in the facility setting (eg, hospital, outpatient hospital/ambulatory surgery center, skilled nursing facility), the second physician reports the associated moderate sedation procedure/service 99155, 99156, 99157; when these services are performed by the second physician in the nonfacility setting (eg, physician office, freestanding imaging center), codes 99155, 99156, 99157 would not be reported. Moderate sedation does not include minimal sedation (anxiolysis), deep sedation, or monitored anesthesia care (00100-01999).

To report regional or general anesthesia provided by a physician also performing the services for which the anesthesia is being provided, see modifier 47 in Appendix A.

Time Reporting

Time for anesthesia procedures may be reported as is customary in the local area. Anesthesia time begins when the anesthesiologist begins to prepare the patient for the induction of anesthesia in the operating room (or in an equivalent area) and ends when the anesthesiologist is no longer in personal attendance, that is, when the patient may be safely placed under postoperative supervision.

Anesthesia Services

Services rendered in the office, home, or hospital; consultation; and other medical services are listed in the **Evaluation and Management Services** section (99201-99499 series) on page 11. "Special Services, Procedures, and Reports" (99000-99082 series) are listed in the **Medicine** section.

Supplied Materials

Supplies and materials provided (eg, sterile trays, drugs) over and above those usually included with the office visit or other services rendered may be listed separately. Drugs, tray supplies, and materials provided should be listed and identified with 99070 or the appropriate supply code.

Separate or Multiple Procedures

When multiple surgical procedures are performed during a single anesthetic administration, the anesthesia code representing the most complex procedure is reported. The time reported is the combined total for all procedures.

Unlisted Service or Procedure

A service or procedure may be provided that is not listed in this edition of the CPT codebook. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, identifying it by "Special Report" as discussed in the section below. The "Unlisted Procedures" and accompanying code for **Anesthesia** is as follows:

01999 Unlisted anesthesia procedure(s)

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Special Report

A service that is rarely provided, unusual, variable, or new may require a special report. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure and the time, effort, and equipment necessary to provide the service.

Anesthesia Modifiers

All anesthesia services are reported by use of the anesthesia five-digit procedure code (00100-01999) plus the addition of a physical status modifier. The use of other optional modifiers may be appropriate.

Physical Status Modifiers

Physical Status modifiers are represented by the initial letter 'P' followed by a single digit from 1 to 6 as defined in the following list:

P1: A normal healthy patient

P2: A patient with mild systemic disease

P3: A patient with severe systemic disease

P4: A patient with severe systemic disease that is a 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 purposes

These six levels are consistent with the American Society of Anesthesiologists (ASA) ranking of patient physical status. Physical status is included in the CPT codebook to distinguish among various levels of complexity of the anesthesia service provided.

Example: 00100-P1

Qualifying Circumstances

More than one qualifying circumstance may be selected.

Many anesthesia services are provided under particularly difficult circumstances, depending on factors such as extraordinary condition of patient, notable operative conditions, and/or unusual risk factors. This section includes a list of important qualifying circumstances that significantly affect the character of the anesthesia service provided. These procedures would not be reported alone but would be reported as additional procedure numbers qualifying an anesthesia procedure or service.

+ 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)

(For procedure performed on infants younger than 1 year of age at time of surgery, see 00326, 00561, 00834, 00836)

+ 99116 Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)

+ 99135 Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)

+ 99140 Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)

(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)

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