



Anesthesia Coding Alert

2018 Coding: Prepare Now for Anesthesia's 2018 CPT® Updates

Don't miss these new additions ?" and deletions.

With new CPT® changes becoming effective Jan. 1, 2018, it's not too early to begin familiarizing yourself with ways your day-to-day coding could change. Read on for the rundown on additions, deletions, and revisions to anesthesia codes.

Five New Codes Are Expected to See High Use

The five following codes will be added to your anesthesia coding choices in 2018:

- 00731 ?" Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
- 00732 ?" Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)
- 00811 ?" Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified
- 00812 ?" Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy
- 00813 ?" Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum.

"We'll need to adjust code selection based on objective, regions, and the complexity and work associated with the variables within the new codes," predicts **Quita W. Edwards, CPC, CPC-I, COSC, CPMA, REMS, RMB**, of Practice Dynamics in Macon, Ga. "Coders will need to be aware of possible precertification and scheduling issues, and will need to pay attention to specific procedures based on the work associated with the new codes.

"I expect the new codes to have a high rate of utilization," Edwards adds.

The following base units were initially recommended for the new anesthesia codes:

- 00731 ?" 5 base units
- 00732 ?" 6 base units
- 00811 ?" 4 base units
- 00812 ?" 4 base units
- 00813 ?" 5 base units.

"It appears the base units may be reduced and the variables in the payments will be according to the amount of time associated with the new codes," says Edwards.

"For example, less time could be required for screening than upper or lower or ECRP. Therefore, payments are relative to the time and will vary based on the differences in the procedure and description."

Five Deletions Will Mean Adjusting Your Claims

CPT® 2018 will delete five of your current anesthesia code choices, according to early reports. Deleted codes include:

- 00740 ?" Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum
 - 00810 ?" Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum
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- 01180 ?" Anesthesia for obturator neurectomy; extrapelvic
- 01190 ?" Anesthesia for obturator neurectomy; intrapelvic
- 01682 ?" Anesthesia for shoulder cast application, removal or repair; shoulder spica.

When comparing this list of deletions to the new additions, you see that 00740 and 00810 are no longer needed because they're similar to the work of new codes 00731 and 00811.

"Codes 00740 and 00810 have been on the radar as potentially 'misvalued' services for several years," says **Kelly D. Dennis, MBA, ACS-AN, CANPC, CHCA, CPC, CPC-I**, owner of Perfect Office Solutions in Leesburg, Fla. "Changing the base value from the current 5 for 00810 to 4 for new code 00811 is one way of reducing payment."

"Remember that 00810 is a code reported when both EGD and colonoscopy are performed during the same anesthetic session," Dennis adds. "Some insurance companies were contractually allowing a small payment for each of these services. Now is the time to re-check your contracts."

Two Revisions Might Be Overlooked

The punctuation and descriptor updates to two familiar codes are so slight you might not notice them at first glance. For example, the only difference in 01680 is the switch from a semicolon after "repair" in the descriptor to a comma.

