Anesthesia Individual Exercises

1. A healthy two-year old female is given regional anesthesia by an anesthesiologist prior to plastic repair of a cleft lip. The anesthesiologist is not involved in any other cases at the time. How should the anesthesia services be reported?

\[00102-AA-P1\]

2. Prior to the above procedure the anesthesiologist examines the patient as she is being prepped for the procedure. The anesthesiologist also takes a brief history from the patient’s mother. This visit involves medical decision making of low complexity. The examination was routine for the administration of anesthesia services. How should this visit be reported?

This visit is bundled with the anesthesia services and not separately reported.

3. A surgeon administers regional anesthesia and performs surgical knee arthroscopy with medial meniscus repair. The patient is a healthy 31 year-old male. How should the surgeon’s services be reported?

\[29882-47\]

4. A surgeon administers moderate sedation (in the physician’s office) to a patient and performs surgical knee arthroscopy with medial meniscus repair. The procedure lasted 30 minutes intra-service time. An independent observer was present. The patient is a healthy 31 year-old male. How should the surgeon’s services be reported?

\[29882, 99144\] The physical status modifier –P1 should only be appended to anesthesia codes (CPT 00100-01999).

5. A CRNA administers general anesthesia under medical direction for a patient undergoing a ventriculostomy involving the insertion of a shunt to drain cerebrospinal fluid into the peritoneal cavity. The patient suffers from mild hypertension. How should the anesthesia services be reported by the anesthesiologist who was involved in 2 other cases at the time and by the CRNA?

Anesthesiologist: 00220-QK-P2
CRNA: 00220-QX-P2
“Ventriculostomy” involves insertion of shunt for drainage of fluid from the center of the brain, the ventricles are cavities within the brain filled with fluid. To locate this code, look up “shunt” under anesthesia in the index.

6. A surgeon performs a simple, complete mastectomy on the right breast of a 53 year old woman requiring general anesthesia. The patient also has mild arthritis. The anesthesiologist was not involved in any other procedures at the time. How should the anesthesia services be reported?

00400-AA-P2 To find this alphabetically, start with main term Anesthesia and then breast. The range of codes listed is 00402-00406. Review of these codes shows that they describe reconstructive or radical/modified radical procedures. They do not accurately describe anesthesia for a simple mastectomy. Therefore, we must default to 00400 for a simple mastectomy.

7. An anesthesiologist who was involved in a single case with one CRNA administered general anesthesia for a healthy patient undergoing surgery for a total wrist replacement. Following surgery, the surgeon asked the anesthesiologist to administer a single injection to the brachial plexus nerve to help control the patient’s pain. How should the anesthesiologist and the CRNA report their services?

Anesthesiologist: 01832-QY-P1, 64415-59
CRNA: 01832-QX-P1
Postoperative pain management is usually the responsibility of the surgeon and payment is bundled into the surgeon’s global fee. However, postoperative pain management may be requested by the surgeon and billed separately by the anesthesia professional as long as it was not the mode of anesthesia.

8. Due to unusual circumstances an anesthesiologist is required to administer general anesthesia prior to a simple repair of a nail bed. This procedure is usually performed with local anesthesia only. How should the surgeon’s services be reported?

11760-23 CPT is somewhat unclear regarding the proper use of the -23 modifier. In CPT Assistant, the AMA appears to take the view that -23 should be appended to a surgical code when a procedure that is not normally performed under general anesthesia is performed under general anesthesia. However, it is unclear whether the -23 is merely intended to report the fact that the procedure was performed under general anesthesia or whether the -23 is also intended to report the administration of the anesthesia by the surgeon.
9. A CRNA administers general anesthesia for a 52 year-old patient undergoing a repair of a lower abdominal incisional hernia. The patient suffers from mild hypertension. At the time of the procedure, the anesthesiologist was overseeing 5 concurrent cases. How should the anesthesia services be reported by the anesthesiologist and the CRNA?

Anesthesiologist: 00832-AD-P2
CRNA: 00832-QX-P2
To report code 00832, the patient has to have either a ventral or an incisional hernia repair. An anesthesiologist who is medically supervising should report the service with the AD modifier. Reporting the QZ modifier (without medical direction) should not be reported, instead the CRNA should report the service with the QX modifier (with medical direction).

10. A pediatric surgeon performs surgery on an otherwise healthy eleven-month old baby to correct a unilateral undescended testis. The anesthesiologist personally performs monitored anesthesia care for the procedure. How should the anesthesia services be reported?

00924-AA-QS-P1, 99100 Monitored anesthesia care (MAC) services are reported in the same manner as general or regional anesthesia along with the appropriate MAC modifier.

11. An anesthesiologist inserted a flow-directed Swan-Ganz catheter into a patient for the purpose of taking blood samples and to monitor pressure and electrical recordings prior to the administration of anesthesia. How should this service be reported?

93503 Unusual forms of monitoring – for example, arterial lines, central venous catheters and pulmonary artery catheters (i.e., Swan-Ganz) – are not included in the anesthesia base unit value and should be reported separately. Look up Insertion, catheter, cardiac, flow directed.

12. A surgeon performs an open excision of a bone cyst from the upper two-thirds of the femur of an otherwise healthy patient. An anesthesiologist personally performs the administration of general anesthesia. How should the anesthesia services be reported?

01230-AA-P1

13. An orthopedic surgeon performs a diagnostic arthroscopy on the right knee joint for a patient with a history of severe CHF. Monitored anesthesia care is administered personally by an anesthesiologist. How should the anesthesia services be reported?

01382-AA-G9-P3
14. Regional anesthesia is administered to an 81 year-old non-insulin dependent diabetic patient prior to the application of a knee joint cast by a CRNA without medical direction from an anesthesiologist. How should the anesthesia services be reported?

01420-QZ-P2, 99100  Ideally, the CRNA should document the physical status of the patient. However, in the absence of clarification by the provider, coders should err on the more conservative side (e.g., mild as opposed to extensive). In this case the CRNA does not document the severity of the diabetes therefore the physical status modifier P2 would generally be most appropriate.

15. What is the appropriate code to report general anesthesia given by an anesthesiologist to a patient prior to a radical resection of a tumor on the distal ulna? The anesthesiologist is not involved in any other case at the time of this procedure. This patient has severe coronary artery disease, however, the patient’s condition is not life threatening.

01830-AA-P3  Although the problem does not state that this was an open procedure, it would be impossible to perform a radical resection of a tumor from the Ulna without performing an open procedure. An example of a closed procedure on the ulna would be closed treatment of a fracture. Modifier –G9 would not be appropriate because monitored anesthesia care was not utilized.