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Anesthesia Payment Basics Series: #2 Anesthesia Coding Resources

To properly and accurately report anesthesia services, one must know and adhere to rules and guidelines that are specific to anesthesia care. Additionally, the formula used to determine payment for anesthesia services is unique to anesthesia. These rules and formula may be misunderstood or improperly applied. This ASA Timely Topic is the second of a series that will break the components of anesthesia billing and payment down into individual components and provide explanation on what the components represent.

Anesthesia Coding Resources

The first article in this series covered CPT®, HCPCS and ICD-10-CM – important tools applicable to coding and billing across all specialties and types of care. In this second piece, we focus on resources that are specific to anesthesia; two of the premier and most authoritative resources come from the American Society of Anesthesiologists (ASA).

Relative Value Guide® (RVG™)

If you are looking for a resource that can serve both as a primer for anesthesia coding basics and one that covers more complex anesthetic scenarios, the RVG has what you need! It provides answers to questions such as:

- What is and what is not included in the base unit value assigned to an anesthesia service
- When anesthesia time starts and stops
- How to report field avoidance
- How to report care when a case requires the presence of two attending anesthesiologists
- How to report anesthesia care when multiple procedures are performed under a single anesthetic
- How to account for time for neuraxial labor anesthesia
- How to report Physical Status and Qualifying Circumstances
- Where to find the ASA standards and guidelines relevant to coding and billing.

The RVG includes a complete listing of the CPT Anesthesia codes and the base unit values as assigned to each code. Very importantly, it includes **RVG Comments** to clarify proper code use; clarifications separate and beyond that found anywhere else. It also lists codes that describe non-anesthesia services that may be performed by anesthesiologists. Effective with the 2020 edition, base unit values will no longer be assigned to these services, the work value as assigned by the Centers for Medicare & Medicaid Services (CMS) will be listed instead. For more information, please review the Payment and Practice Management Column from the April 2019 edition of the *ASA Monitor*: [ASA Relative Value Guide \(RVG\): Updates to Keep it Relevant, Valuable and Germane to Your Practice.](#)¹

CROSSWALK® and Reverse CROSSWALK®

The CROSSWALK and Reverse CROSSWALK are guides to practical application. The CROSSWALK lists CPT procedure codes and provides guidance as to the applicable anesthesia code. The Reverse CROSSWALK offers this information based by anesthesia code.

¹ Neal H. Cohen, Christopher A. Troianos, Sharon K. Merrick; ASA Relative Value Guide (RVG): Updates to Keep it Relevant, Valuable and Germane to Your Practice. *ASA Monitor* 2019;83(4):42-44.

As noted in the first article of this Payment Basics series, some anesthesia codes cover a broad scope of procedures. It is also possible that there may be multiple options as the best anesthesia code for a single procedure -- and this is where the CROSSWALK can be of particular help.

Consider CPT Procedure Code 20525 - *Removal of foreign body in muscle or tendon sheath; deep or complicated*. The CROSSWALK suggests Anesthesia Code 01810 - *Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand* as this procedure is often performed on that body area. However, that is not always that case so the CROSSWALK provides a list of alternatives that may represent an anesthesia code more specific to the situation. In many instances, it provides a comment or instruction to further aid in code selection.

Like CPT, HCPCS and ICD-10-CM, the RVG and the CROSSWALK products are updated annually. Changes from previous editions are clearly indicated via footnotes, symbols and summaries. Be sure to use the edition that corresponds to the date the service was performed.

Putting It Together

The ASA Relative Value Guide and the ASA CROSSWALK products are powerful tools and resources for anesthesia coding and billing. RVG Comments can help clarify proper code use as seen in this example from the 2019 edition:

CPT Code	CPT Descriptor	Base Unit Value
00670	Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures) <i>(RVG Comment: Code 00670 is appropriate only if the surgical procedure includes segmental or non-segmental instrumentation as defined in CPT or if the procedure includes multiple vertebral segments (minimum three vertebral bodies with the two associated interspaces.)</i>	13 + TM

The CROSSWALK provides the information required to accurately code anesthesia care - especially when multiple options are possible as demonstrated by this entry from the 2019 edition:

CPT Proc Code	CPT Anes Code	Base Unit Value	Anesthesia Descriptor Procedure Descriptor (CPT)
20525	01810	3+TM	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand Removal of foreign body in muscle or tendon sheath; deep or complicated Alternate(s): 00300, 00400, 00700, 00730, 00800, 00820, 01250, 01320, 01470, 01610, 01710 <i>Selection of either the primary anesthesia code or of an alternate is determined by the site of the surgical procedure</i>

(Note: The base unit value represents the value of the anesthesia code listed as the primary cross. Refer to the ASA RVG for the base unit values assigned to the codes listed as alternates.)

The RVG and CROSSWALK may be purchased from the ASA via www.asahq.org.