

February 2018

Update to 2018 ASA CROSSWALK® Entries for Procedure Codes 45330 and 45378

The 2018 CPT® code set includes five new codes specific to anesthesia care for GI endoscopy. These five new codes replace two codes that were deleted from CPT and cannot be used to report care provided on/after January 1, 2018.

New Codes				
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope			
	introduced proximal to duodenum; not otherwise specified			
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscop			
	troduced proximal to duodenum; endoscopic retrograde			
	cholangiopancreatography (ERCP)			
00811	nesthesia 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			
Deleted Codes				
00740	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope			
	introduced proximal to duodenum			
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope			
	introduced distal to duodenum			

In this Timely Topic, we provide additional information specific to the 2018 CROSSWALK entries for procedure codes 45330 - Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) and 45378 -Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure).

The 2018 CROSSWALK entries for these procedures list code 00812 as the primary anesthesia code option and offer code 00813 as an alternative to be reported when the patient undergoes both an upper and lower GI endoscopy during the same anesthetic.

The ASA CROSSWALK Editorial Panel notes that in some instances, it may be appropriate to report anesthesia care for these procedures with code 00811, such as when a screening colonoscopy becomes a diagnostic colonoscopy. The Centers for Medicare & Medicaid Services (CMS) has posted instructions that support this stance via MM10181 and R3844CR.



The CROSSWALK Editor, the CROSSWALK Editorial Panel and the ASA Committee on Economics appreciates comments and questions about CROSSWALK content. Users are encouraged to submit suggestions using the form found in the CROSSWALK and included with this memo.

Proposed Change or Addition for 2019 CROSSWALK

The effectiveness of the ASA CROSSWALK® document is dependent upon regular revisions reflecting changes in anesthesia practice. One of the ways this is accomplished is through the timely suggestions of practicing anesthesiologists and coding professionals. Accordingly, the CROSSWALK Editor, the CROSSWALK Editorial Panel and the Committee on Economics welcome correspondence, inquiries and suggestions concerning CROSSWALK content. All suggestions should include the procedure code, the associated anesthesia code, your suggested change and the rationale supporting your proposal.

Please complete this form and send it to:

CROSSWALK Editor

American Society of Anesthesiologists

Thru December 31, 2017: 1501 M Street, N.W., Suite 300 Washington, D.C., 20005 Fax: (202) 371-0384 CROSSWALK@asahq.org On/after January 1, 2018: 905 16th Street, N.W., Suite 400 Washington, D.C., 20006 Fax: (202) 371-0384 CROSSWALK@asahq.org

Name:			
Mailing Address:			
Telephone:	Fax: ()	E-mail:	
Procedure Code:		Anesthesia Code:	
Suggested Change:			
Rationale:			
Additional Comments:			

The CROSSWALK is revised annually. The CROSSWALK Editor and Editorial Panel will review all suggestions received prior to <u>June 1, 2018</u> for possible inclusion in the 2019 edition.