

Part B Insider (Multispecialty) Coding Alert

ANESTHESIA: Learn Why Your Anesthesiologist's Location Matters

3 Important factors help you understand what signifies "physically and immediately available"

An anesthesiologist routinely steps out from medically directed cases to perform other allowable services, so you need to be sure he's still "physically present and immediately available" under medical-direction guidelines before you code it as such. Learn the criteria that fit the definition and why OR size, service location and patient condition matter.

"I think Medicare made the term 'immediately available' in the guidelines purposely vague to take into consideration that each anesthesia practice will have a different physical layout, and that might affect their policy," says **Eileen Lorenc**, **RHIT, CS, CPC**, coding manager with **Lahey Clinic** in Burlington, MA.

But accurately defining "immediately available" is more than looking at the hospital's blueprints. You must take the specific situation into account.

Example: The anesthesiologist needs to be more readily available to help during an emergency when he's directing an aneurysm repair than he does during a hernia repair.

Consider these three factors when trying to determine what qualifies as "physically present and immediately available" in your hospital:

1. OR size: The number of surgery suites can help determine whether the anesthesiologist is immediately available if he's in another part of the OR. "There's a difference in a location that can be reached in under three minutes versus a location that is 10 minutes away," says **Tammy Reed**, senior billing manager for the department of anesthesiology at **Oklahoma University Health Science Center**.

2. Service location: Anesthesiologists are found all over the hospital these days, whether it's in the main OR, outpatient services, radiology, labor and delivery, or trauma and step-down units. Pay close attention to where your physicians are providing services because they might be spreading themselves too thin to still qualify as "immediately available."

3. Patient condition: Most anesthesiologists typically have hands-on involvement with more complicated cases, whether because of the procedure being performed (such as anesthesia during coronary artery bypass procedures [00562, Anesthesia for procedures on heart, pericardial sac...]) or because of the patient's health (such as a patient qualifying for P4 [Patient with severe systemic disease that is a constant threat to life] due to unstable angina, 411.1 [Intermediate coronary syndrome]).

Bottom line: "Each anesthesia practice must set its own guidelines for what it considers 'immediately available,' " Lorenc says. "Then this definition must be written into a policy and kept in the department."