Part B Insider (Multispecialty) Coding Alert

CPT 2009: CPT Introduces New Anesthesia Codes, Changes Cataract RVGs

New Category II code also changes the way you report cataract pre-op visit.

CPT 2009 didn't leave anesthesiologists in the dark. In fact, two new anesthesia codes could help streamline your reporting processes.

The following new codes will apply to your anesthesia services effective Jan. 1, 2009:

• 00211 -- Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma

• 00567 -- Anesthesia for direct coronary artery bypass grafting; with pump oxygenator In addition, CPT 2009 changes the descriptor for 00566. It now reads, "Anesthesia for direct coronary artery bypass grafting; without pump oxygenator."

"Prior to the addition of 00567, there wasn't a fully descriptive method of reporting the CABG procedure performed with pump oxgenator, says **Kelly Dennis, MBA, CPC, ACS-AP** of Perfect Office Solutions, Inc. in Leesburg, Fla.

Bonus: "There was also a change added to the new RVG for the base value of cataracts, which brings the base to Medicare's fee schedule for base values (4 base units)," Dennis explains. "Since many cataract patients are on Medicare, this won't have a huge impact on practices unless they have a large percentage of Medicare Secondary Payer or commercial insurance. In that case, the recommended base decrease may have some impact on their charges and payments."

New Category II code debuts: CPT 2009 also introduces 0014F (Comprehensive preoperative assessment performed for cataract surgery with intraocular lens [IOL] placement...)

Although Medicare does not reimburse you for Category II codes, analysts recommend that some physician specialties report them because using these codes may decrease the need for typical record abstractions and chart review -- "which can minimize administrative burdens on physicians," says J**ay Neal,** an Atlanta-based coding consultant.