Outpatient Facility Coding Alert

Reader Question: Watch the Surgical Approach for 00840 vs. 00944 Decision

Question: In the Anesthesia Crosswalk, CPT® code 58550 crosses to 00944, with 00840 as an alternate. What determines whether you use 00944 or 00840?

Pennsylvania Subscriber

Answer: Since anesthesia codes are based on anatomic location, you first need to check the provider's notes from the procedure to see where and how it was performed.

You're coding anesthesia for a laparoscopic vaginal hysterectomy (58550, Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less). The most likely scenario is that the surgeon performed the procedure through the vagina, in which case you would use 00944 (Anesthesia for vaginal procedures [including biopsy of labia, vagina, cervix or endometrium]; vaginal hysterectomy), with a base value of six.

Alternative: In the unlikely event that the surgeon reached the vaginal cuff through an abdominal approach, you would report 00840 (Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified) for intraperitoneal anesthesia. This code also has a base value of six units.

Remember: In the facility setting, it is not necessary to report the anesthesia CPT® codes unless billing for the anesthesiologist or CRNA. Anesthesia services may simply be reported under revenue code 037x or included in the related procedure.