

## ANESTHESIA CODES ADDED FOR 2007

Administration of anesthesia is reported by using a five-digit procedure code (00100-01999) from the anesthesia section of the *Physicians Current Procedural Terminology (CPT)*. The codes describe anesthesia for procedures categorized by areas or systems of the body; others describe anesthesia for radiological and miscellaneous procedures.

CMS has established a value scale corresponding to the work involved in each anesthesia service that is called the "anesthesia base unit (ABU)." To determine the approved reimbursement amount for a personally performed anesthesia service, the carrier adds the base units and time units and multiplies the sum by the anesthesia conversion factor. The result of this calculation is compared to the submitted charge, and the lower of these two amounts becomes the approved amount.

Effective for claims with dates of service on or after January 1, 2007, the following anesthesia codes have been added:

### Added Base Units

Code	**Description	ABU
00625	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing one lung ventilization	13
00626	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing one lung ventilization	15

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