General anaesthesia

Code

92514-xx [1910] General anaesthesia
Includes: gaseous, inhalational or intravenous general anaesthesia

General anaesthesia versus sedation

General anaesthesia (unconsciousness) must be distinguished from sedation (consciousness retained). All anaesthetic drugs in small doses produce sedation. Where heavy sedation accidentally progresses to anaesthesia, the intention (sedation) should be coded. As a rule, non-anaesthetists administer sedation rather than anaesthesia.

Clues on the anaesthetic record that indicate general anaesthesia (GA) rather than sedation include:

- Intubation e.g. endotracheal tube (ETT), laryngeal mask airway (LMA) or maintenance of anaesthesia with an Oropharyngeal airway (Guedel airway) and anaesthetic face mask.
- The concurrent use of muscle paralysing drugs:
  - Vecuronium (abbreviation Vec, trade name Norcuron)
  - Rocuronium (abbreviation Roc, trade name Esmuron)
  - Atracurium (abbreviation Atrac, trade name Tracrium)
  - Cisatracurium (trade name Nimbex)
  - Mivacurium (abbreviation Miva, trade name Mivacron)
  - Pancuronium (abbreviation Panc, trade name Pavulon)
  - Suxamethonium (abbreviation Sux, trade name Scoline)

IV Propofol is administered deliberately to produce GA for short procedures such as ECT or Cardioversion with neither a LMA or ETT inserted. The airway is maintained with a Guedel airway (this may not be clearly documented) and should be coded as a GA.
Drugs

Intravenous agents

- Thiopentone (abbreviation Thio, trade name Pentothal)
- Propofol (trade name Diprivan) – may be IV sedation when the intention is to perform sedation
- Ketamine (trade name Ketalar)
- Midazolam (trad name Hypnovel) – usually sedation but may be IV anaesthesia

Other phrases that may indicate intravenous anaesthesia

- TIVA – Total Intravenous Anaesthesia
- TCI – Target Controlled Infusion (of Propofol)
- Diprifusor – Proprietary TCI pump

Inhalational agents

- Isoflurane (abbreviation Iso)
- Desflurane (abbreviation Des)
- Sevoflurance (abbreviation Sevo)
- Nitrous Oxide (abbreviation N₂O)
Sedation

**Code**

92515-xx [1910] Sedation

**Drugs**

Sedation commonly involves the administration of the following drug(s):

- Midazolam
- Pethidine
- Fentanyl
- Propofol – when the intention is to retain consciousness

Sedation may be given by an anaesthetist or by another clinician e.g. clinician performing cardiac catheterisation or colonoscopy.

**Classification guidelines**

Sedation is only coded if:

- administered to perform a procedure, AND
- inhalational or intravenous route AND
- there is no documentation of the use of an artificial airway

Where heavy sedation accidentally progresses to anaesthesia the intention (sedation) should still be coded.

Sedation (by any route) administered for other reasons e.g. for agitation, is not coded.
Regional anaesthesia

Code

92508-xx [1909] Neuraxial block (includes: caudal, epidural, spinal injection/infusion)
92509-xx [1909] Regional block, nerve of head or neck
92510-xx [1909] Regional block, nerve of trunk
92511-xx [1909] Regional block, nerve of upper limb
92512-xx [1909] Regional block, nerve of lower limb
92519-xx [1909] Intravenous regional anaesthesia

Drugs

Opioids include:
- Morphine
- Pethidine
- Fentanyl
- Alfentanil
- Remifentanil

Local anaesthetics include:
- Lignocaine (trade name Xylocaine)
- Bupivacaine (trade name Marcain)
- Ropivacaine (trade name Naropin)

Classification guidelines

The use of regional anaesthesia has expanded in recent years as ultrasound technology has allowed more accurate placement of local anaesthetic solutions around nerves, making blocks safer and more effective. Regional blocks are commonly performed in combination with general anaesthesia both in order to reduce the depth the general anaesthesia required, and to provide good quality pain relief after surgery. Regional blocks administered by an Anaesthetist (documented on Anaesthetic record) should be coded, however blocks administered by the surgeon are usually intended for post-operative pain relief and therefore should not be coded.
Neuraxial block
The terms spinal, epidural or caudal should be documented in the regional technique section of the anaesthetic record. The terms extradural and peridural are synonymous with epidural but are rarely used in Australia. Spinal anaesthesia involves the injection of local anaesthetic and/or opioids into the cerebrospinal fluid (CSF). Such injections are often described as intrathecal (abbreviation IT e.g. IT lignocaine 2% 3mL). It is common practice to combine a local anaesthetic with an opioid for spinal and epidural techniques.

Other common sites of regional blocks

- Femoral
- Fascia iliaca
- Sciatic
- Popliteal
- Saphenous
- Ankle
- Brachial plexus
- Interscalene
- Supraclavicular
- Infraclavicular
- Axillary
- Median
- Ulnar
- Transversus Abdominis Plane (TAP)

(N.B. this list is not exhaustive)
Postprocedural analgesia

**Code**

92516-00 [1912] Management of neuraxial block  
92517-00 [1912] Management of regional block, nerve of head or neck  
92517-01 [1912] Management of regional block, nerve of trunk  
92517-02 [1912] Management of regional block, nerve of upper limb  
92517-03 [1912] Management of regional block, nerve of lower limb

**Classification guidelines**

Postprocedural analgesia is only coded if:

- initiated in labour ward or operating suite (theatre or recovery), AND  
- neuraxial or regional route

Intravenous patient controlled analgesia is not coded.

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