

Compliance Update: ASA Physical Status

In an ongoing effort to ensure clinical accuracy and consistency, and ultimately compliant and accurate billing, this update on ASA Physical Status Determination is being shared for your information.

Many providers are unaware of the updated ASA Physical Status Examples. The more definitive examples, as opposed to the subjective classifications, have been proven to assist providers in determining the accurate ASA Physical Status (Anesthesiology News, Clinical Anesthesiology, Jan 11, 2016)

Please review this update to ensure patient care and safety and accurate billing classifications.

ASA Physical Status Classification System		
Last approved by the ASA House of Delegates on October 15, 2014 Current definitions (NO CHANGE) and Examples (NEW)		
ASA PS Classification	Definition	Examples, including, but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease Mild diseases only without substantive functional limitations	Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease Substantive functional limitations; One or more moderate to severe diseases.	Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents

ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (< 3months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	

*The addition of “E” denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)

These definitions appear in each annual edition of the [ASA Relative Value Guide](#) . There is no additional information that will help you further define these categories.

Questions: contact Dr. Matt Goins, the CAA Medical Compliance Officer, or Michelle Lilly