CHART TALK ~ ANESTHESIA CODING CONVERSATIONS

ANATOMY & TERMINOLOGY TIP SHEET

Anterior vs Posterior: Reading the Operative Note

Anterior and posterior tell you more than direction - they can tell you how the surgeon reached the anatomy.

WHY THIS MATTERS

Operative notes often use anterior and posterior to describe anatomy, surgical approach, incision location, positioning, or the relationship between structures. For an anesthesia coder, those words can help identify the true procedure and operative region. They are especially important in spine, hip, shoulder, thoracic, abdominal, and extremity procedures where different approaches may reach the same general anatomical area.

THE CODING TIP

Do not read only WHAT was operated on. Read HOW the surgeon got there. Anterior generally means toward the front of the body; posterior means toward the back. In an operative note, however, the word may describe either a structure's location or the surgical approach. Determine which meaning applies before using it in your coding decision.

ANTERIOR VS POSTERIOR AT A GLANCE

TERM	PLAIN-LANGUAGE MEANING	COMMON OPERATIVE USE
ANTERIOR	Toward the front of the body	Anterior approach, anterior structure, anterior incision
POSTERIOR	Toward the back of the body	Posterior approach, posterior structure, posterior incision

LOCATION OR APPROACH? ASK WHICH ONE.

The same directional word can answer different questions. “Posterior knee” describes location. “Posterior approach to the spine” describes how the surgeon reached the operative anatomy. The coder should identify whether the term describes the target, the route, or both.

- LOCATION: Where is the anatomical structure?
- APPROACH: From which direction did the surgeon access it?
- POSITION: How was the patient positioned? This may help explain the approach but does not define the procedure by itself.
- TARGET: What structure was ultimately treated after the approach was made?

SPINE: ONE OF THE MOST IMPORTANT PLACES TO READ THE APPROACH

Spine operative notes frequently distinguish anterior, posterior, and combined approaches. Do not assume that every cervical, thoracic, or lumbar procedure is anatomically equivalent because the vertebral level is the same.

- Anterior cervical procedures access the cervical spine from the front of the neck.
- Posterior cervical procedures access the spine from the back.
- Lumbar procedures may use anterior, posterior, lateral, or other approaches depending on the operation.
- A combined or staged procedure may involve more than one approach.
- Read the final operative description, not only the scheduled procedure title.

ANTERIOR / POSTERIOR DOES NOT MEAN SUPINE / PRONE

Approach and patient position are related but not interchangeable. Supine and prone describe how the patient is positioned. Anterior and posterior describe anatomical direction or surgical access.

A coder should not infer the operative approach solely from patient position. Use the surgeon's documentation of the procedure and approach.

REGIONAL ANESTHESIA: DIRECTION CAN IDENTIFY THE TARGET AREA

- Posterior knee terminology may help distinguish a posterior tissue-plane technique from an anterior or medial target.
- Anterior abdominal wall terminology may help orient fascial-plane procedures.
- Posterior approaches to nerves or plexuses should be interpreted from the detailed needle and injectate documentation.

- Do not assume that an anterior or posterior approach changes the CPT code unless the current descriptor or guidance makes that distinction relevant.
- Use the directional term to understand the anatomy first; then apply authoritative coding guidance.

OPERATIVE NOTE CLUES TO FIND

LOOK FOR	WHY IT HELPS
Procedure title	Provides the starting description, but may be broader than the final operation.
Patient position	Helps orient the operative setup.
Incision / access description	May identify the actual approach.
Structures encountered	Shows the anatomical route taken.
Structure treated	Identifies the true operative target.
Implants / instrumentation	May help clarify what was performed and at what level.
Final procedure statement	Confirms what actually occurred after any intraoperative changes.

THE 5-STEP OPERATIVE NOTE READ

- 1. WHERE? Identify the body region and exact operative site.
- 2. WHICH DIRECTION? Find anterior, posterior, medial, lateral, proximal, or distal terminology.
- 3. WHICH APPROACH? Determine how the surgeon accessed the anatomy.
- 4. WHAT STRUCTURE? Identify the bone, joint, nerve, vessel, organ, disc, vertebra, or other target.
- 5. WHAT WAS DONE? Translate the final procedure before selecting the anesthesia code.

REGION + DIRECTION + APPROACH + STRUCTURE + PROCEDURE = BETTER CODING

QUICK EXAMPLES

DOCUMENTATION	HOW TO READ IT
Anterior cervical fusion	Anterior describes the approach to the cervical spine; continue reading for levels and actual procedure.
Posterior lumbar fusion	Posterior identifies the surgical approach; determine levels, instrumentation, and final operative work.
Posterior knee infiltration	Posterior identifies the location; determine the actual tissue plane or neural target.
Anterior shoulder approach	Do not stop at “shoulder.” Determine which structure was treated and what procedure was performed.

COMMON CODING MISTAKES

- Treating anterior/posterior as unimportant descriptive language.
- Confusing patient position with surgical approach.
- Selecting the anesthesia code from the scheduled procedure instead of the final operative note.
- Assuming all procedures at the same spinal level are the same regardless of approach.
- Using the incision location as the procedure target without reading deeper into the note.
- Assuming a directional term automatically changes the code without checking the current descriptor.
- Skipping anatomical translation because the procedure name sounds familiar.

CODER'S TIP

Read past the title. The procedure title tells you where to start. The body of the operative note tells you how the surgeon entered, what anatomy was encountered, what structure was treated, and what was actually completed.

WHEN TO STOP AND REVIEW

- The scheduled and final procedures use different approaches.
- The procedure title says anterior but the body of the note describes posterior access, or vice versa.
- A combined approach is documented but only one component is reflected in the coding review.
- The selected anesthesia code appears to correspond to a different anatomical procedure.

- The operative approach is unclear and materially affects interpretation of the service.
- The note describes a conversion to another approach during surgery.
- You are relying on patient position rather than documented surgical approach.

ANATOMY MEMORY PEARL

ANTERIOR -> FRONT | POSTERIOR -> BACK

But in the operative note, always ask: LOCATION or APPROACH?

AUTHORITATIVE RESOURCES

- Current AMA CPT code set - verify exact procedure descriptors, approach terminology, anatomical distinctions, guidelines, and parenthetical instructions.
- Current ASA Relative Value Guide (RVG) and CROSSWALK - verify anesthesia code relationships to the final surgical procedure.
- Current CMS Medicare NCCI Policy Manual and applicable payer guidance when approach or anatomical distinctness affects reporting.
- Reputable clinical anatomy and surgical references for understanding approaches; final coding decisions should be based on authoritative coding guidance.

BOTTOM LINE

Anterior or posterior may tell you where the anatomy is - or how the surgeon reached it. Read enough of the note to know which.

Chart Talk ~ Anesthesia Coding Conversations | Lead. Educate. Comply. Excel.

Educational use only. Verify current CPT, ASA, CMS NCCI, payer-specific, and organizational requirements for the applicable date of service. Anatomy and surgical references support understanding but do not replace official coding guidance.