

ANESTHESIA SERVICES

Policy

NHP reimburses participating providers for the administration of general and regional anesthesia, and supportive services performed in conjunction with covered obstetrical, surgical, and medical procedures for optimal anesthesia care to the patient

Policy Definition

Reimbursement is made for the provision of regional or general anesthesia services provided by an anesthesiologist, and supervision and/or direction of CRNAs (certified registered nurse anesthetists) by an anesthesiologist.

The American Society of Anesthesiologists (ASA) anesthesia codes and the Anesthesia Unit System are only used to calculate professional reimbursement.

Prerequisites

Authorization, Notification and Referral

Service	Requirement
Anesthesia services as a component of an authorized procedure	No Authorization, notification or referral
Chronic Pain Services	Prior Authorization required
For HVMA Members	A referral number for most specialists is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of the Harvard Vanguard Medical Associates Network. Please verify that the member has the appropriate referral number prior to rendering care.

Limitations

Pre-Anesthesia examination and evaluation are included in the primary anesthesia code, unless no anesthesia services are provided. If surgery does not occur, the pre-op visit is reimbursed based on a CPT evaluation and management code.

Anesthesia services comprise anesthesia care during the procedure, the administration of fluids and/or blood and the usual monitoring services including: ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry.

Chronic pain management is managed by Beacon Health Strategies (BHS) when a behavioral health component exists, or through NHP as a benefit exception.

Member Cost-Sharing

The provider is responsible for verifying at each encounter and when applicable for each day of care when the patient is hospitalized, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

Definitions

General Anesthesia: Usually accomplished following administration of inhalation or intravenous anesthetics, general anesthesia affects the entire body with loss of sensation and loss of consciousness when the anesthetic acts on the brain.

Regional Anesthesia: An anesthetic is injected into a nerve or immediately around it causing insensibility over the particular targeted area.

Anesthesia Time Unit: A time unit equals one 15 minute segment of time during which an anesthetic is administered. Anesthesia time starts when the anesthesiologist begins to prepare the patient for care in the operating room or in an equivalent area. (The anesthesia in the equivalent area must be continuous with the anesthesia in the operative room.) Partial 15 minute increments of 7.49 minute or less are rounded down. Partial 15 minute increments of 7.50 minutes or more are rounded up. If less than 7.50 total minutes of a unit of time is billed, it will be reimbursed as one billable time unit.

Swan-Ganz catheter: A thin, flexible tube that is inserted through one of the large veins (the inferior or superior vena cava) that returns blood to the heart. This catheter measures blood pressure inside the heart and lungs.

Discontinuous Anesthesia Time: In counting anesthesia time, the anesthesia practitioner can add blocks of anesthesia time around an interruption in anesthesia time as long as the anesthesia practitioner is furnishing continuous anesthesia care within the time periods around the interruption. The medical record should be documented so that a medical record auditor can see the continuous and discontinuous periods and that the reported total anesthesia time sums to the segments of continuous time when the anesthesiologist was present. For example: 1) The anesthesiologist has begun preparing the patient for induction, but the surgeon is temporarily unavailable and the anesthesiologist leaves the patient under the observation of the operating room nurse, and 2) an IV is started in the "induction room" and there may be a break before induction of anesthesia in the operating room. As long as there is continuous monitoring of the patient within the blocks of anesthesia time, those blocks may be aggregated.

Directing Physician: A physician who directs the administration of anesthesia services to multiple patients through the oversight of qualified Certified Registered Nurse Anesthetists. The directing physician must be present in the operating suite and is responsible for directing services in no more than four operating rooms.

Supervising Physician: A physician who is involved in managing more than four concurrent anesthesia administration procedures. The physician's status is considered supervisory even though the physician is present in the operating suite.

Concurrent Medical Direction: Concurrent medical direction refers to involvement of the anesthesiologist in directing two, three, or four concurrent anesthesia procedures.

Concurrency: Concurrency is defined as the maximum number of procedures that the physician is medically directing within the context of a single procedure and whether those other procedures overlap each other.

Neighborhood Health Plan Reimburses

- Anesthesia Services involving administration of anesthesia, with the use of the anesthesia five-digit CPT code (00100 to 01999).
- The following, separately, based on the appropriate medical or surgical fee schedule:

CPT 93503	Placement of a Swan-Ganz catheter for monitoring purposes
CPT 36620	Insertion of an intra-arterial monitoring line during surgery
CPT 36556	Insertion of a central venous pressure monitor during surgery
- Certified Registered Nurse Anesthetists (CRNAs) only when medically directed or supervised by a physician, identified by appending modifier QX to the procedure code.

Neighborhood Health Plan Does *Not* Reimburse

- CRNA services without medical direction by a physician: Modifier QZ.
- CRNA services performed by salaried facility employees.
- Anesthesia by surgeon: Modifier 47.
- Anesthesia Stand by.
- Anesthesia qualifiers: CPT codes: 99100-99140.
- Anesthesia Physical Status modifiers: P1 – P6.
- Moderate (conscious) sedation: CPT codes: 99143-99150.
- Local anesthesia which is considered part of the surgical procedure.
- Post operative pain management on the day of surgery (See section “Post-Operative Care (Inpatient)”, below.).
- Evaluation and management services for post-op pain control on the day of surgery.
- Pain management outside post-operative pain control.
- CPT codes designated by the ASA as “anesthesia care not normally required” or “not a primary procedure code”.
- Evaluation and management services as part of the routine pre- and post-operative anesthetic service.
- Catheter insertion on the same day as epidural anesthesia delivery for surgery.
- Inpatient pain management on the same day as epidural catheter insertion OR a single epidural injection.

Procedures Codes

Note: This list of codes may not be all-inclusive.

Obstetrical Anesthesia

Code	Descriptor	Comments
01960	Anesthesia for vaginal delivery only	Denied when submitted with CPT 01967
01961	Anesthesia for cesarean delivery only	Denied when submitted with CPT 01967-01968
01967	Neuraxial labor/epidural for vaginal delivery	Time unit cap limits apply; use to report epidural labor and vaginal delivery
01968	Anesthesia for C-Section, following neuraxial labor/epidural for vaginal delivery	Submit in addition to 01967 when a planned vaginal delivery turns into a Cesarean section; not reimbursed when billed alone. This code in addition to 01967 is subject to cap limits for C-sections (01967 and 01968 are subject to a combined cap of 360 minutes/24 units)
01969	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/analgesic	Submit in addition to 01967

Post-Operative Care (Inpatient)

Code	Descriptor	Comments
01996	Daily hospital management of epidural or subarachnoid continuous drug administration	Separately payable on days <i>subsequent to surgery</i> , but inappropriate on the day of surgery when the catheter was used for delivery of the surgical anesthetic. Submit only one unit, per post-op day, regardless of the number of visits required to manage the patient.
62310-62311	Injection, single, not incl. neurolytic substances, w/wo contrast, of diagnostic or therapeutic substances, epidural or subarachnoid; cervical or thoracic, lumbar, sacral (caudal)	Submit for post-op pain management on the day of surgery when NOT used as the surgical anesthetic technique. Report with modifier -59, and one unit of service.
62318-62319	Injection, including catheter placement, continuous infusion or intermittent bolus, not incl. neurolytic substances, w/wo contrast, of diagnostic or therapeutic substances, epidural or subarachnoid; cervical or thoracic, lumbar, sacral (caudal)	Submit for catheter insertion for post-op pain management on the day of surgery when NOT used as the surgical anesthetic technique. Report with modifier -59, and one unit of service.
64416, 64446, 64448, 64449	Continuous block codes	When reported on the day of surgery, NO additional reporting of daily pain management is allowed.
99231-99233	Subsequent Hospital Care	Submit for inpatient post-op pain management services, not described above; one unit per day.

Modifiers

The following anesthesia service specific modifiers are to be appended to anesthesia service codes 01000 – 01999, and E\|M codes submitted by anesthesiologists, as appropriate.

Modifier	Descriptor	Reimbursement
AA	Anesthesia service personally performed by physician	100% of anesthesia allowable
AD	Medical supervision by a physician for more than 4 concurrent procedures	3 base units
QK	Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals	50% of anesthesia allowable
QX	CRNA service with medical direction by a physician	50% of anesthesia allowable
QY	Medical direction of one Certified Registered Nurse Anesthetist by an Anesthesiologist	50% of anesthesia allowable
QZ	CRNA service; without medical direction by a physician	Not a covered service
47	Anesthesia performed by surgeon	No additional reimbursement for anesthesia by a surgeon, assistant surgeon, nursing staff or any other non-anesthesiologist professional during a procedure

Provider Payment Guidelines and Documentation

- Report Anesthesia Services involving administration of anesthesia by the use of the anesthesia five-digit CPT code (00100 to 01999).
- When multiple surgical procedures are performed during a single anesthetic administration, only the anesthesia code (00100 series codes) with the highest base unit value is reported. (The time reported is the combined total minutes for all procedures.)
- Discontinuous blocks of anesthesia time may be billed as long as the patient is continuously monitored within the discontinuous blocks of time and documentation in the medical record supports the time billed.
- An anesthesia time unit equals one 15 minute segment of time during which an anesthetic is administered. Partial 15 minute increments are: rounded down for 7.49 minutes or less, or rounded up for 7.50 minutes or more. If less than 7.50 *total* minutes of a unit are billed, it is reimbursable as one billable time unit.
- Submit time in total minutes from the beginning to the end of clock time for the anesthesia service. Do NOT submit time units or add the base value to the total minutes billed. This will cause overpayments resulting in a post audit recovery.
- Obstetrical anesthesia reimbursement for neuraxial/epidural labor is based on the actual time unit capped at the following minutes:
 - Vaginal delivery codes are capped at a total of **300** minutes/**20** time units.
 - Cesarean section delivery codes are capped at a total of **360** minutes/**24** time units.
- Submit electronic claims using the designated minute field, using three digits to record minutes (E.g. 22 minutes would be correctly submitted as 022, 124 minutes as 124.)
- Anesthesia reimbursement will automatically be calculated by NHP by adding the ASA base value for the primary procedure to the number of units (total minutes divided by 15 minute interval) multiplied by the conversion factor. Please refer to the calculation formula below.

$$\text{Total Units} = (\text{Base Value} + \text{Time Units}) \times \text{Conversion Factor} = \text{Payment}$$

Related NHP Payment Guidelines

NHP Evaluation and Management Services

References

American Society of Anesthesiology Crosswalk: A Guide for Surgery/Anesthesia CPT Codes. (Current Year)

CMS Chapter II, Anesthesia Services CPT Codes 00000-09999 for National Correct Coding Initiative Policy Manual.

Medicare Claims Processing Manual, Chapter 12 §50 Payment for Anesthesiology Services.

Federal Register November 2, 1999, p. 59409.

Publication History

Topic: Anesthesia Services	Owner: Provider Network Management
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<i>July 21, 2009</i>	<i>Original documentation</i>
<i>August 3, 2010</i>	<i>Procedure Codes Tables updated</i>
<i>February 1, 2012</i>	<i>Disclaimer updated, and referral grid updated</i>
<i>March 16, 2012</i>	<i>Referral grid updated</i>

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider’s agreement, the terms and conditions of the provider’s agreement shall prevail. Neighborhood Health Plan utilizes McKesson’s claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the “appropriate set” of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Questions may be directed to Provider Network Management at prweb@nhp.org.