



## anesthesia payment policy

### ***description of procedure/service***

This policy applies to the payment for anesthesia services rendered by contracted anesthesiologists.

### ***policy***

Fallon Community Health Plan (FCHP) reimburses for covered services including but is not limited to general, regional, supplementation of local anesthesia or other supportive services. These services include the usual preoperative and postoperative visits, the anesthesia care during the procedure, the administration of fluids and/or blood and the usual monitoring services (e.g. ECG, blood pressure, oximetry, temperature, capnography and mass spectrometry).

FCHP does not provide separate or additional reimbursement for the usual monitoring procedures that are part of and recorded on the anesthesia record. These procedures are an integral part of anesthesia services and are included in the anesthesia base unit value. Unusual forms of monitoring (e.g. intra-arterial, central venous, and Swan-Ganz) are not included and may be billed separately.

FCHP does not provide separate or additional reimbursement for local anesthesia because it is considered part of the surgical procedure.

FCHP does not provide separate or additional reimbursement for anesthesia services given by a physician who at the same time performs a surgical or obstetrical procedure because payment is included in the procedure.

FCHP does not reimburse separately for conscious sedation–99143-99145, 99148-99150).

FCHP does not reimburse separately for the following CPT codes indicating Qualifying Circumstances:

- **99100** - Anesthesia for patient of extreme age, under one year and over seventy
- **99116** - Anesthesia complicated by utilization of total body hypothermia
- **99135** - Anesthesia complicated by utilization of controlled hypotension
- **99140** - Anesthesia complicated by emergency conditions

See also Obstetric Anesthesia Payment Policy.

### ***benefits application***

- FCHP Direct Care/FCHP Select Care
- FCHP Independent Care
- FCHP Flex Care Direct/Select
- Fallon Senior Plan™
- FCHP MassHealth
- Major Medical
- Bill at Home/Direct Enrollment
- Fallon Senior Preferred Care

## ***coverage and reimbursement criteria***

Fallon Community Health Plan reimbursement consists of anesthesia base units plus anesthesia time units multiplied by a conversion factor. Anesthesia base units are derived from the American Society of Anesthesiologists (ASA).

### **time units**

Anesthesia time begins when the anesthesiologist begins to prepare the patient for the induction of anesthesia in the operating room or in an equivalent area and ends when the anesthesiologist is no longer in personal attendance.

Fallon Community Health Plan uses duration of a time unit equal to 15 minutes with a 5-minute threshold. The threshold identifies the minimum number of minutes to be used as the threshold for calculating the entire time frame. For example, a procedure starts at 1:00 p.m. and ends at 1:20 p.m., 2 time units would be added to the base unit.

### **modifiers**

Use the following modifiers when billing for anesthesia services:

- AA – Physician personally performed
- QK – Medical Direction of two, three, or four concurrent anesthesia procedures involving qualified individuals. Reimbursement will be at 50% of the allowable amount.
- AD – Medical supervision by a physician: more than four concurrent anesthesia procedures. Reimbursement is based on three base units per procedure.
- QY – Medical direction of one CRNA by an anesthesiologist. Reimbursement will be at 50% of the allowable amount.
- QS – Monitored Anesthesia Care Services. The QS modifier must be submitted with modifiers G8 or G9.
- FCHP does not provide separate or additional reimbursement for risk factor or physical status modifiers (P1 – P6).

## ***preauthorization guidelines***

No preauthorization is required for anesthesia services.

## ***billing/coding guidelines***

Services involving administration of anesthesia must be reported by the use of the anesthesia five-digit procedure code (00100 – 01999) plus the appropriate modifier code. Other CPT/HCPC codes must be used to report additional services.

Report the total anesthesia time in minutes in field 24g of the claim form.

## ***place of service***

This policy applies to services rendered in all settings.

## **policy implementation**

Policy number: ADM0033  
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