MEDICAL MUTUAL®

Reimbursement Policy

Policy: **RP-202502** **Initial Effective Date:** **01/24/2025**

SUBJECT: **Anesthesia**

Applicability: This Reimbursement Policy will be applicable to the following Medical Mutual companies (each individually, and collectively, "Medical Mutual") and products:

☒ Medical Mutual of Ohio, Medical Mutual Services, LLC (except Mutual Health Services), Medical Health Insuring Corporation of Ohio, MedMutual Life Insurance Company
- ☒ Commercial and Marketplace (Fully Insured and Self-Funded)
- ☐ Medicare Advantage

☒ Mutual Health Services
- ☒ Commercial (Self-Funded)

Definition:

Services involving the administration of anesthesia are reported using the e anesthesia five-digit procedure code (00100-01999) plus modifier codes. These services may include, but are not limited to, general, regional, supplementation of local anesthesia, or other supportive services during any procedure.

Both CMS and the American Society of Anesthesiologists (ASA) assign the anesthesia CPT codes (00100 – 01999) a base value. The base units are reviewed and updated annually. The base unit value considers the following:

- Standard pre-operative and post operative care visits.
- Administration of fluids that relate to the anesthesia care.
- The interpretation of non-invasive physiologic monitoring.

This policy outlines reimbursement and coding guidelines for anesthesia services (CPT codes 00100 – 01999), rendered by a professional health care provider when submitted on a CMS 1500 claim form or the electronic equivalent.

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Base units are determined as defined by the American Society of Anesthesiologists Relative Value Guide. The base units assigned to a procedure are intended to demonstrate the relative complexity of a specific procedure and include the value of all anesthesia services, except the value of the actual time spent administering the anesthesia. Medical Mutual will calculate the anesthesia payment of the base units according to the information provided on the claim.

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Medical Mutual requires time-based anesthesia services be reported with actual anesthesia time in one-minute increments. For example, if the anesthesia time is one hour, then 60 minutes should be submitted. Time units are calculated by allowing 1 unit for each 15-minute interval or remaining fraction thereof.

Anesthesia time is continuous and begins when the anesthesiologist starts to prepare the covered person for the induction of anesthesia in the operating room or equivalent area. Anesthesia time ends when the anesthesiologist is no longer personally in attendance, which is when the covered person may be safely placed under postoperative supervision.

In accordance with guidance from American Society of Anesthesiologists (ASA), when multiple surgical procedures are performed during a single anesthesia session, only the anesthesia code with the highest base unit should be reported. The time reported is the combined total for all procedures performed on the same patient on the same date of service by the same or different physician or other qualified health care professional. When more than one anesthesia service is billed for the same date of service, base units will be reimbursed only for the procedure with the highest base unit value. Lesser procedures will be reimbursed for time only. Anesthesia add-on CPT codes (01953, 01968, and 01969) are the only codes exempt from multiple anesthesia and may be reported with the appropriate CPT code.

Qualifying circumstances are add-on codes (CPT codes 99100, 99116, 99135, and 99140) that represent various conditions that may impact the anesthesia service provided. In accordance with CMS, Medical Mutual does not reimburse for qualifying circumstance codes (CPT codes 99100, 99116, 99135, and 99140).

Medical Mutual will not separately reimburse procedures, including but not limited to preparation, monitoring, and intra-operative care, or anesthesia supplies that are considered an integral part of the anesthesia service when performed in association with the anesthesia service on the same day and by the same provider.

Medical Mutual follows the American Society of Anesthesiology (ASA) guidelines for submitting modifiers. Anesthesia claims received without the appropriate modifier(s) to accurately reflect the services provided will not be processed for payment.

If you are billing two separate claims or claim lines, one for the CRNA and other for the Anesthesiologist, you must bill with all appropriate CRNA and Anesthesiologist modifiers on the appropriate lines.

Medical Mutual will reimburse anesthesia services as outlined in the table below.

HCPCS Modifiers	Description	Reimbursement
AA	Anesthesia services performed personally by anesthesiologist	100% of fee schedule or other allowed amount
AD	Medical supervision by a physician: more than 4 concurrent anesthesia procedures	100% of fee schedule or other allowed amount

QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals	50% of fee schedule or other allowed amount
QX	CRNA servicewith medical direction by a physician	50% of fee schedule or other allowed amount
QY	Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist	50% of fee schedule or other allowed amount
QZ	CRNA service without medical direction by a physician	85% of fee schedule or other allowed amount

CPT and ASA guidelines identify six levels of ranking for patient physical status. Physical Status Modifiers (P1-P6) are used to distinguish among various levels of complexity of the anesthesia service provided. Physical Status Modifier P3-P6, will be considered for additional reimbursement. If eligible for reimbursement based on additional diagnosis/comorbidity or supporting documentation in the anesthesia record, reimbursement will be made in accordance with the Covered Person's benefit plan.

Physical Status Code	Description
P1	A normal healthy patient
P2	A patient with mild systemic disease
P3	A patient with severe systemic disease
P4	A patient with severe systemic disease that is a constant threat to life
P5	A moribund patient who is not expected to survive without the operation
P6	A declared brain-dead patient whose organs are being removed for donor purposes

Patient Controlled Analgesia (PCA)

Patient Controlled Analgesia (PCA) must be reported under ASA code 01996. CPT anesthesia code 01996 is not considered a time-based code and therefore, does not require the use of anesthesia modifiers. The initial set up/visit and up to three occurrences of daily maintenance of PCA will be considered eligible for reimbursement.

Continuous Epidural Infusion

If Continuous Epidural Infusion is used as the primary method of anesthesia for a surgical procedure, insertion of the catheter is included in the base units for the procedure and is not reimbursed separately.

Maximum Billable Time Allowed for Delivery (Maternity)
Maximum billable time allowed for a normal delivery is 300 minutes (20 units); maximum time allowed for a C-section is 360 minutes (24 units). If delivery is started as a vaginal delivery but becomes a C-section delivery, the maximum time is 360 minutes (24 units).

Conscious Sedation

Sedation with or without analgesia (conscious sedation), intravenous, intramuscular or inhalation is considered eligible for reimbursement when billed by:

- An anesthesiologist, pain management, or certified registered nurse anesthetist or
- The same provider performing the procedure and the patient is 16 years of age or younger.

Swan-Ganz, A-line, and Placement of Central Venous Catheter (CVC)

These services are not subject to the multiple surgery payment limitations. Each service will be considered eligible for reimbursement at 100 percent of the allowed amount. The procedures should be billed in addition to the anesthesia services.

Documentation Requirements:

Medical Mutual reserves the right to request additional documentation as part of its reimbursement process and for adherence to this Policy. Medical Mutual may deny reimbursement when it has determined that the services performed/billed are not separately payable or reimbursable regardless of coding used, a pattern of billing or other practice which has been found to be either inappropriate or excessive. Additional documentation must be made available upon request to Medical Mutual. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service as well as itemized bills. Medical Mutual also reserves the right to modify, revise, change, apply, and interpret this Policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: After reviewing the relevant documentation, Medical Mutual reserves the right to apply this Policy to the service, procedure, supply, product, or accommodation performed or furnished regardless of how the service, procedure, supply, product, or accommodation was coded by the Provider.

Sources of Information:

American Medical Association (AMA), CPT Codebook 2024 Professional Edition.

5160 Ohio Administrative Code. § 5160-4-21. (2024). Anesthesia Services. Available at https://codes.ohio.gov/ohio-administrative-code/rule-5160-4-21. Accessed June 21, 2024.

Centers for Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Pub. 100-04, Chapter 12 – Physicians/Nonphysician Practitioners, Section 50 and 140.3.2, 140.3.3. Available at https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf. Accessed June 21, 2024.

Centers for Medicare & Medicaid Services (CMS), Medicare National Correct Coding Initiative Policy Manual, Chapter 1 – General Correct Coding Policies, Section C and F. Accessed June 24, 2024. Available at https://www.cms.gov/files/document/medicare-ncci-policy-manual-2024-chapter-1.pdf.

Centers for Medicare & Medicaid Services (CMS), Medicare National Correct Coding Initiative Policy Manual, Chapter 2 – Anesthesia Services CPT Codes 00000-01999. Accessed June 24, 2024. Available at https://www.cms.gov/files/document/medicare-ncci-policy-manual-2024-chapter-2.pdf.

Statement on ASA Physical Status Classification System. (2020, December). Accessed June 24, 2024. Available at https://www.asahq.org/standards-and-practice-parameters/statement-on-asa-physical-status-classification-system.

Revised:

01/24/2025	Policy Created