Anesthesia

Background

Qualified medical professionals administer anesthesia to relieve pain while at the same time monitoring and controlling the patients’ health and vital bodily functions. Anesthesiology may be performed in the hospital, and ambulatory surgical center, and a physician’s office. Anesthesiologists and anesthesiologist-led care teams provide anesthesia. These teams include non-physician providers such as Certified Registered Nurse Anesthetists (CRNA), Anesthesiologist Assistant (AA), interns, residents, or a combination of both who may be either medically directed or medically supervised by an Anesthesiologist.

Anesthesia service includes:
1. Pre-anesthetic evaluation and management
2. Medical management of the patient during the procedure
3. Post-anesthetic evaluation and treatment
4. Anesthesiologist onsite direction of any non-physician who assists in the technical aspects of anesthesia care to a patient

General Billing Guidelines for Anesthesia

Anesthesia billed by an anesthesia practitioner should be billed on the CMS 1500 or 837 P with the appropriate 5-digit CPT code 00100 - 01995 or 01999 in effect for the date the services were rendered with the appropriate payment modifier.

There are four anesthesia categories as determined by CMS that affect payment of anesthesia services based on the provider rendering the services:

1. **Personally Performed** – The physician (MD) performs the service alone.
2. **Medically Directed** – The anesthesiologist is an active participant in the 1, 2, 3, or 4 concurrent cases. Meets the seven steps of medical direction.
   - Performs a pre-anesthetic examination and evaluation;
   - Prescribes the anesthesia plan;
   - Personally participates in the most demanding procedures in the anesthesia plan, including induction and emergence;
   - Ensures that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified anesthetist;
   - Monitors the course of anesthesia administration at frequent intervals;
   - Remains physically present and available for immediate diagnosis and treatment of emergencies; and
   - Provides indicated post-anesthesia care.
3. **Medically Supervised** – Not completing all steps required for medical direction above, performs a task that prohibits the anesthesiologist from medically directing or is involved in more than four cases.
4. **Teaching** – Anesthesiologist is training physician residents in up to two concurrent cases, or the training of a resident in one case while medically directing another case. In the second scenario both cases would be billed separately with the right modifiers.
Modifier Usage for Correct Reimbursement of Anesthesia

The following payment* modifiers are utilized for CRNA and Anesthesiologists for anesthesia services for CPT 01000 – 01999. Recommended reimbursement methodology based on the CMS anesthesia categories is also noted.

Table 1: Anesthesia Modifiers and Suggested Reimbursement

<table>
<thead>
<tr>
<th>Type of Bill</th>
<th>Physician Allowed Amount</th>
<th>CRNA/AA Allowed Amount</th>
<th>Other (Resident, Intern, Teaching)</th>
<th>Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.D. Personally Performed</td>
<td>100%</td>
<td>NA</td>
<td>NA</td>
<td>AA (MD only)</td>
</tr>
<tr>
<td>Medical Direction of one CRNA/AA</td>
<td>50%</td>
<td>50%</td>
<td>NA</td>
<td>QY for MD QX for CRNA and AA (effective 1/1/13)**</td>
</tr>
<tr>
<td>Medical Direction of 2,3,4 concurrent cases</td>
<td></td>
<td></td>
<td></td>
<td>QK (MD only)</td>
</tr>
<tr>
<td>Medical Supervision</td>
<td>3 base units + 1 time unit</td>
<td>50%</td>
<td>NA</td>
<td>AD (MD only)</td>
</tr>
<tr>
<td>CRNA Performed W/O Supervision</td>
<td>NA</td>
<td>100%</td>
<td>NA</td>
<td>QZ (CRNA)**</td>
</tr>
<tr>
<td>Teaching</td>
<td>100%</td>
<td>NA</td>
<td>NA</td>
<td>GC (MD Only)</td>
</tr>
</tbody>
</table>


Additional Requirements for completion of claim require that the CMS 1500/837 P contain the provider billing number of the CRNA/AA and/or the employer of the qualified non-physician anesthetist performing the service in block 24H and or Block 31 whichever is applicable.

*Informational Modifiers such as QS, G8, and G9 do not affect payment and can be found in the modifier section of the provider billing guidelines for all providers.

**As of 1/1/2013 CMS includes Assistant Anesthetists as qualified non-physician anesthetists who may perform anesthesia services only under medical direction of an anesthesiologist. They may bill for their services.
Billing Exclusions For Anesthesia
A surgeon or physician may not bill for anesthesia performed at the same time he/she is performing the surgery. This includes conscious sedation codes 99143, 99144, 99145, 99148, 99149 and 99150.

Conscious sedation and local anesthetic when performed with a procedure are considered to be a part of the global surgical package and not separately payable.

CRNAs
Certified Registered Nurse Anesthetists (CRNA) are master’s prepared advanced practice nurses. CRNAs provide anesthetics to patients in every practice setting, and for every type of surgery or procedure.

CRNAs provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals. Anesthesia administered by a nurse anesthetist is recognized as the practice of nursing. Anesthesia administered by an anesthesiologist is recognized as the practice of medicine. Regardless of whether their educational background is in nursing or medicine, all anesthesia professionals give anesthesia the same way.

CRNAs may either be self-employed or work for a physician or facility based practice. There are currently 33 states that do require physician supervision of a CRNA. The determination as to whether the CRNA requires supervision is based on the scope of practice and licensing requirements for the state in which they practice. (See Table 1 for state and federal specific requirements). In states where a CRNA is allowed to practice independently there still may be CRNAs who work under the supervision of an anesthesiologist and should bill accordingly. It should be noted that CMS defers to state law regarding supervision of a CRNA though the federal requirement for Medicaid and Medicare states that a physician must supervise the CRNA. Please refer to Table 2 on page five for CMS and State Supervision Requirements and Suggested Reimbursement.

Anesthesiology Assistants
Anesthesiology Assistants are eligible for the same level of reimbursements as a CRNA who is providing anesthesia under the direction of a physician. Unlike the CRNA who can perform alone in some states an AA must always perform their service under the direction of a physician. (See definition of Medical Direction in General Billing Guidelines for Anesthesia)

Anesthesia Units
Anesthesia should be billed in 15-minute increments. Each 15-minute increment equals 1 unit and the number of units should be entered into field 24G. Calculation of time starts when the practitioner is preparing the patient for anesthesia and ends when the practitioner is no longer providing anesthesia services. It is a continuous service.

Billing Anesthesia For Multiple Surgeries
If multiple surgical procedures are being performed in the same operative session only one anesthesia code may be submitted. Choose the code that represents the most complicated procedure (typically the service with highest CMS Relative Value Unit). An exception exists if the anesthesia performed requires the use of an add on anesthesia code in addition to the primary procedure. Example: Primary Procedure is 01967 with add-on codes 01968, 01969.
One Procedure – Two Anesthesiologists or Two CRNAS

If one practitioner begins the anesthesia and has to leave the patient to start another procedure and a second practitioner finishes the procedure the one who is with the patient that spent the longest time with the patient can bill. That practitioner should report the combined total of minutes. Documentation must support the time spent by both practitioners.

Pain Management

Covered pain management services provided by anesthesia practitioners should be billed using the most appropriate CPT code. Modifiers AA, AD, QK, QX, QY or QZ should not be used. Neither should physical status modifiers P1 through P6 be used.

Types of Pain management includes the following:

- Post Operative pain management placement of epidural
- Post-operative pain management – daily hospital management of epidural (continuous) or subarachnoid (continuous) drug administration
- Should only be billed on post-operative days and not on the same day as the operative procedure
- Number of units should be billed not anesthesia time

Conscious Sedation

Conscious sedation is an altered level of consciousness that allows a patient to still respond to physical stimulation and verbal commands, and to maintain an unassisted airway. Conscious sedation is typically considered a part of the surgical procedure global package and not reimbursed separately.

In some cases however, a patient’s condition may warrant the use of conscious sedation with procedures where sedation is not normally used. This may include children, acutely agitated patients, or acutely ill patients who cannot have the procedure without sedation. The procedures included in this category that may require IV monitoring by an anesthesiologist include endoscopies, arteriograms, CT scans, MRIs, cardiac catheterizations, and PTCA.
Table 2: Supervision Requirements by CMS and State

<table>
<thead>
<tr>
<th>LEGISLATIVE BODY</th>
<th>SUPERVISION REQUIREMENTS</th>
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<tbody>
<tr>
<td>CMS</td>
<td>CMS requires that CRNAs be supervised.</td>
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<tr>
<td>TENNESSEE</td>
<td>TN Code ANN. 63-6-204 requires supervision of a CRNA. Services rendered by an RN must be under the supervision, control, and responsibility of a licensed physician.</td>
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<tr>
<td>SOUTH CAROLINA</td>
<td>A CRNA can provide services independent of the physician supervision, control and responsibility of a licensed physician. (The CRNA must have developed and practice in accordance to approved written guidelines developed under supervision of a licensed physician or dentist or approved by the medical staff within the facility where practice privileges have been granted.)</td>
</tr>
<tr>
<td>GEORGIA</td>
<td>Nurse Practice Act: CRNAs administer anesthesia under the direction and responsibility of a physician.</td>
</tr>
<tr>
<td>MISSISSIPPI</td>
<td>Source: Miss. Code Ann. § 73-15-20(2) Advance Practice Nurses (APRN) (1972, as amended). Supervision of a physician is required. The advanced practice registered nurse may not practice as an APRN if there is no collaborative/consultative relationship with a physician or dentist and a board approved protocol or practice guidelines. There is movement to change this but the most recent effort Senate Bill 2667 did not pass in 2013. A House Bill in 2014 also failed.</td>
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