



Anesthesia Reimbursement Policy Update

July 1, 2020

We updated our anesthesia policy in January this year. The statement below was accidentally removed.

Performing and Monitoring Neuraxial Labor Analgesic: Anesthesia providers should bill the applicable ASA code for base units plus one unit per hour (time unit as defined by local standards and time reported in minutes) for neuraxial anesthesia service management plus direct patient contact time (insertion, management of adverse events, delivery, removal).

No claims were affected by this error. The policy has been updated to include this statement. It's attached for your convenience.

We apologize for this oversight.



Policy Title:	Anesthesia Reimbursement Policy
Policy Number:	D.PNM.007
Policy Owner:	Sheri Chatterson
Department(s):	Provider Network Management
Effective Date:	January 1, 2020
Last Revision Date:	July 1, 2020

1. POLICY STATEMENT

Important Note About this Reimbursement Policy

Providers and Practitioners are responsible for the submission of accurate claims. This reimbursement policy is intended to ensure that providers are reimbursed based on the code or codes that correctly describe the health care services provided. This Anesthesia Policy addresses reimbursement of procedural or pain management services that are an integral part of anesthesia services as well as anesthesia services that are an integral part of procedural services. Coverage of service is based on the Member's subscriber contract. Reimbursement is based on the provider's contract. Providers who refer to another provider must utilize those that are contracted by HAP. Facilities contracted by HAP must utilize contracted anesthesia providers. HAP may use reasonable discretion in interpreting and applying this policy to health care services provided in a case. This policy does not address all issues related to reimbursement for health care services provided to HAP enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, referral/authorization policies, medical or drug policies. HAP may modify this policy at any time by publishing a new version of the policy on the Website.

2. STANDARDS

Who Can Bill for Anesthesia Services

HAP shall only reimburse professional anesthesia services when billed by an Anesthesiologist, CRNA, Pediatric Anesthesiologist, Pediatric Critical Care physician, or other qualified pediatric subspecialties identified and approved by HAP. Claims should be submitted using the contracted anesthesia Group Tax ID and Group NPI. HAP will not reimburse chiropractors for anesthesia and/or pain management services.

Modifiers Recognized for Payment

All anesthesia/CRNA claims must be submitted on a CMS (HCFA) 1500 claim form. All anesthesia/CRNA ABU claims must include one of the modifiers listed below.

- **AA** – Physician personally performs service 100%
- **QY** – Medical direction of one CRNA or other qualified anesthesia provider 50%
- **QK** – Medical direction of 2, 3, or 4 concurrent anesthesia procedures with CRNA's or other qualified anesthesia providers 50%
- **QX** – CRNA service with medical direction by a physician 50%
- **QZ** - CRNA services not supervised by a physician 100%

Anesthesia/CRNA claims submitted on a UB 92 claim form will be denied.

Other Modifiers: Other modifiers that are commonly used in anesthesia include: 25, 26, 50, 51 and 59. These modifiers will be used in the adjudication process for pricing claims, if appropriate.

HAP requires providers to bill in accordance with most current billing and coding guidelines. HAP will monitor claims for appropriate billing practices and take necessary action.

Performing and Monitoring Neuraxial Labor Analgesic: Anesthesia providers should bill the applicable ASA code for base units plus one unit per hour (time unit as defined by local standards and time reported in minutes) for neuraxial anesthesia service management plus direct patient contact time (insertion, management of adverse events, delivery, removal).

Anesthesia Reimbursement Methodology

When an anesthesiologist and CRNA are both present during a procedure and both are billing for reimbursement HAP will split the payment 50/50. In this instance, neither the anesthesiologist nor the CRNA is eligible to be paid 100% of the associated reimbursement.

HAP shall recognize for reimbursement the then current ASA RVG Codes 00100 thru 01999. HAP shall calculate ABU reimbursement by adding the **Base Units** and **Time Units**, then multiplying that product by the contracted ABU per unit **Conversion Factor**. HAP shall no longer reimburse anesthesia services using surgical CPT Procedure Codes, when the CPT Procedure Code description states the procedure was performed without anesthesia, and radiologic services related to another diagnostic or therapeutic procedure. All other Procedure Codes will be reimbursed in accordance with the reimbursement terms and conditions listed in the provider's contract.

Anesthesia Time: Anesthesia time is defined as the continuous presence of the anesthesia provider. It starts when the patient enters the specific anesthetizing location where the surgical procedure occurs and ends when the patient is placed under post-operative supervision. Anesthesia time should be submitted to HAP in total time minutes versus fifteen (15) minute Time Units. HAP will convert the total time billed by the provider into fifteen (15) minute Time Units, rounding up to after 8 minutes.

For example, if a procedure takes 37 minutes, HAP would convert this to 2 Time Units (37 minutes/15-minute units = 2.4-time units rounded, or 2-time units). If a procedure takes 38 minutes, HAP would convert this to 3-time units (38 minutes/15-minute units = 2.53-time units rounded, or 3-time units). Claims submitted from 0 to 7 minutes will result in ZERO Time Units applied.

3. REGULATORY REQUIREMENTS AND REFERENCES

4. DEFINITIONS

5. PROCEDURES

Relevant Standard	Procedure	Procedure Owner

6. ADDITIONAL INFORMATION / ATTACHMENTS

7. REVIEW PERIOD

8. SIGNATURE

Policy Owner Signature:

Sheri Chatterson

9. REVIEW AND REVISION HISTORY:

Date:	Summary of Modifications made:	Revised By:
Sept 2019	Updated policy	PNM Team
July 2020	Updated policy to include Performing and Monitoring Neuraxial Labor Analgesic	M. Good