Billing and Reimbursement

Anesthesiology

Geisinger Health Plan

CPT® procedure codes 00100 through 01996 should be used to report the administration of anesthesia.

Anesthesia modifiers

Anesthesia participating providers are required to report the applicable anesthesia procedure code modifier to identify the rendering provider. Anesthesia services reported without the appropriate anesthesia modifiers will be denied. Anesthesia modifiers include the following:

- AA: Anesthesia services performed personally by an anesthesiologist
- AD: Medical supervision by a physician: more than four concurrent anesthesia procedures
- QK: Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
- QX: CRNA service: with medical direction by a physician
- QY: Medical direction of one CRNA by an anesthesiologist
- QZ: CRNA without medical direction by a physician

GHP does not provide additional reimbursement for physical status modifiers.

Providers will not receive any additional reimbursement for services reported using qualifying circumstances procedure codes (i.e. 99100, 99116, 99135, 99140).

For anesthesiology services related to the extraction of partially or totally bony impacted third molars, report the anesthesiology procedure code D9223 when applicable.

Medicare has assigned base value units to each anesthesia procedure code to reflect the difficulty of the anesthesia service, including the unusual pre-operative and post- operative care and evaluation. Additional units are not recognized for the member's age, physical status or unusual risk.

Reimbursement for anesthesia administration services is based on the base unit value assigned to the procedure code, the total minutes reported and the payment schedule anesthesia conversion factor. GHP reimburses per minute, not per 15 minute increments. For example, sixteen minutes of time reported will be paid at exactly sixteen minutes.

When multiple surgical procedures are performed during a single anesthetic administration, the anesthesia code representing the most complex procedure is reported. The time reported is the combined total for all procedures.

Anesthesia time

Time starts when the anesthesia provider begins to prepare the member for the induction of anesthesia in the operating room (or equivalent area) and ends when the provider is no longer in personal attendance.

When reporting anesthesia administration services, the time reported should represent the continuous actual presence of the anesthesiologist or CRNA. The total elapsed time (minutes) should be reported in block 24G of the CMS 1500 Claim Form.

If the minutes reported grossly exceed the national average for the procedure performed, progress notes are required to be submitted.

Anesthesia provider

An anesthesia provider is defined as a physician who performs anesthesia services alone, a Certified Registered Nurse Anesthetist (CRNA) who is not medically directed or a CRNA who is medically directed.

Anesthesia services not solely performed by an anesthesiologist will reflect a 50/50 split in reimbursement. The CRNA will receive 50% of the total reimbursement rate and the anesthesiologist will receive 50% of the total reimbursement rate. Reimbursement will not exceed 100% of the total reimbursement rate regardless of how anesthesia services are rendered.

To report canceled anesthesia after the pre-op exam but before the member is prepared for surgery, providers should report the applicable evaluation and management procedure code.

To report canceled anesthesia after the patient has been prepared for surgery but before induction, providers should report the applicable anesthesia administration code with the appropriate anesthesia procedure code modifier and modifier -53 to indicate the service was discontinued.

To report canceled anesthesia after induction, providers should report the applicable anesthesia administration code with the appropriate anesthesia procedure code modifier and the total elapsed time in minutes.

Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as "GHP" in this summary.

All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member's benefit document; 2) the participating provider's contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.

Publication history: