

## Anesthesia - MHCP

Policy Number: SC14P0005A6

Effective Date: August 14, 2014

Last Update: July 6, 2020

### PAYMENT POLICY HISTORY

Date	Summary of Change
September 29, 2021	Annual policy review completed. Grammatical corrections were made to the document. These changes did not impact the technical requirements of the policy.
July 6, 2020	Annual policy review completed. No technical changes were made to the policy. Information was moved to the new UCare format, and as a result some information was reformatted.
May 2019	Annual policy review. Links within the document and the UCare logo were updated.
August 2018	Annual policy review. Added information and link regarding UCare fee schedule updates. Information related to conscious sedation was removed from the policy.
February 2017	Annual policy review. No changes are made
December 2016	Annual policy review. No changes are made
December 2014	Annual policy review. No changes are made
August 2014	The Anesthesia (MHCP) is published by UCare

### APPLICABLE PRODUCTS

This policy applies to the products checked below:

UCARE PRODUCT	APPLIES TO
UCare MinnesotaCare	✓
UCare Minnesota Senior Care Plus (MSC+)	✓
UCare Prepaid Medical Assistance (PMAP)	✓
UCare Connect	
UCare Connect +Medicare (When MHCP is the primary payer)	✓
UCare Minnesota Senior Health Options (MSHO) (When MHCP is the primary payer)	✓
UCare Medicare Plans	
UCare EssentiaCare	
UCare Medicare M Health Fairview & North Memorial	



## PAYMENT POLICY

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UCARE PRODUCT	APPLIES TO
UCare Individual & Family Plans	
UCare Individual & Family Plans M Health Fairview	

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**PAYMENT POLICY INSTRUCTIONS**

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare’s products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline, and may be superseded by specific provider contract language.

**PAYMENT POLICY OVERVIEW**

The Anesthesia Policy outlines the payment and billing requirements for general and monitored anesthesia care services.

**POLICY DEFINITIONS**

TERM	NARRATIVE DESCRIPTION
Anesthesia Assistant (AA)	Means a Master’s level educated individual who can work collaboratively under the direction of an anesthesiologist. Anesthesiologist assistants obtain pre-anesthetic health history, perform preoperative physical exams, establish non-invasive and invasive monitors, administer medications, evaluate and treat life-threatening situations, and execute general and regional anesthetic techniques, as delegated by an anesthesiologist.
Certified Registered Nurse Anesthetist (CRNA)	Means is an advanced practice registered nurse (APRN) who has acquired graduate-level education and board certification in anesthesia.
General Anesthesia	Means anesthesia administered causing the loss of ability to perceive pain, associated with the loss of consciousness produced by intravenous infusion of drugs or inhalation of anesthetic agents.
Monitored Anesthesia Care (MAC)	Means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone

TERM	NARRATIVE DESCRIPTION
	or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate.
Personally Performed	Means the physician personally performed all of the pre-operative, intra-operative, and postoperative anesthesia care, or met supervision requirements of a single resident.

**ENROLLEE ELIGIBILITY CRITERIA**

**THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT**

To be eligible for anesthesia services the patient must be actively enrolled in an UCare product.

**ELIGIBLE PROVIDERS OR FACILITIES**

**OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT. THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT**

**Provider**

The following providers are eligible to furnish anesthesia services:

- Anesthesiologists (MDA)
- Certified Registered Nurse Anesthetists (CRNAs)

**Facility**

Not applicable

**Other and/or Additional Information**

Not applicable

**EXCLUDED PROVIDER TYPES**

**OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.**

Not Applicable.

**MODIFIERS, CPT, HCPCS, AND REVENUE CODES**

**General Information**

The Current Procedural Terminology (CPT®) HCPCS, and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

**Modifiers**

The modifiers listed below are not intended to be a comprehensive list of all modifiers. Instead, the modifiers that are listed are those that must be appended to the CPT® / HCPCS codes listed below. Based on the service(s) provided, and the circumstances surrounding those services it may, based on correct coding, be appropriate to append an additional modifier(s) to the CPT® / HCPCS code.

When a service requires multiple modifiers the modifiers must be submitted in the order listed below. If it is necessary to add additional modifiers they should be added after the modifiers listed below.

<b>MODIFIER(S)</b>	<b>NARRATIVE DESCRIPTION</b>
AA	Anesthesia Services personally performed by the anesthesiologist
AA, GC	Anesthesiologist direction one anesthesia resident or CRNA
QY	Anesthesiologist directing one CRNA
QK	Anesthesiologist directing two – four CRNAs
QK, GC	Anesthesiologist two – four anesthesia residents or CRNAs
AD	Anesthesiologist supervising more than four CRNAs
QX	CRNA directed by an anesthesiologist
QZ	CRNA without direction by an anesthesiologist
<b>INFORMATIONAL MODIFIERS</b>	
<b>MODIFIER(S)</b>	<b>NARRATIVE DESCRIPTION</b>
The modifiers listed above are payment modifiers and impact payment. Payment modifiers must be listed in the first position. The modifiers listed below are informational modifiers used in conjunction with the pricing modifiers listed above and must be placed in the second or third modifier position.	
P1	A normal health 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

MODIFIER(S)	NARRATIVE DESCRIPTION
QS	Monitored anesthesia care service
G8	Monitored anesthesia care (MAC) for deep complex, complicated or markedly invasive surgical procedure
G9	Monitored anesthesia care (MAC) for a patient who has a history of severe cardiopulmonary condition
23	Unusual anesthesia - Used to report a procedure which usually requires either no anesthesia or local anesthesia; however, because of unusual circumstances must be done under general anesthesia. Coverage/payment will be determined on a "by-report" basis.

**CPT and/or HCPCS Code(s)**

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
Refer to the most current version of CPT® for available anesthesia codes that should be used for general anesthesia and MAC services. Additional codes related to this Policy are outlined below.		
99100		Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for the primary anesthesia procedure).

CPT® is a registered trademark of the American Medical Association.

**Revenue Codes**

REVENUE CODE(S)	NARRATIVE DESCRIPTION

**PAYMENT INFORMATION**

**Fee Schedule Updates**

Information regarding UCare fee schedule updates can be found in the [UCare Provider Manual](#), Section 10-20, Fee Schedule Updates.

**Services Personally Performed by an Anesthesiologist**

UCare will reimburse eligible medically directed services personally performed by an anesthesiologist only if the anesthesiologist:

- Performs the pre-anesthetic examination and evaluation;

- Prescribes the anesthesia plan;
- Personally participates in the most demanding procedures in the anesthesia plan, including induction and emergence, if applicable;
- Ensures procedures in the anesthesia plan they don't personally perform are performed by a qualified individual;
- Monitors the course of anesthesia administration at frequent intervals;
- Is physically present in the surgical suite and is immediately available for diagnosis and treatment of emergencies; and
- Provides post-anesthesia care.

#### **Services Furnished by a Resident**

UCare will reimburse a teaching anesthesiologists at the personally performed rate for supervision of residents when the teaching physician anesthesiologist is involved with one anesthesia case with a resident, and is present during induction, emergence and all critical portions of the procedure and immediately available during the entire service. Documentation within the medical record must reflect the teaching anesthesiologist's presence and participation in the administration of anesthesia.

The teaching anesthesiologist does not need to be present with the resident during the pre-operative or post-operative care furnished to the patient.

#### **Concurrent Direction of CRNAs**

- The anesthesiologist providing medical direction must be physically present in the operating suite.
- If the anesthesiologist is supervising five or more concurrent procedures, payment for eligible services personally performed by the anesthesiologist not to exceed three base units and 1 unit for induction.

#### **Supervision of Anesthesia Services by a Surgeon**

UCare will not reimburse a surgeon for supervising anesthesia services furnished by:

- An Anesthesia Assistant;
- A CRNA;
- An Intern; or
- Resident.

#### **Monitored Anesthesia Care (MAC)**

Anesthesia care often includes the administration of medication where the loss of normal protective reflexes or loss of consciousness is likely. MAC refers to those clinical situations where the patient

remains able to protect the airway for the majority of the procedure. If, for an extended period, the patient is rendered unconscious or loses normal protective reflexes, then anesthesia care is considered general anesthetic.

MAC includes all of the components of anesthesia care listed below:

- Pre-procedure visit
- Intra-procedure care
- Post-procedure anesthesia management

While MAC is being furnished the anesthesiologist or CRNA must be physically present continuously, providing specific services, including, but not limited to:

- Monitoring of vital signs, maintenance of the patient’s airway and continual evaluation of vital functions.
- Diagnosis and treatment of clinical problems occurring during the procedure.
- Administration of sedative, analgesics, hypnotics, anesthetic agents or other medication as needed to ensure the safety and comfort.
- Providing additional medical services as needed to accomplish the safe completion of the procedure.

GENERAL INFORMATION	UCARE
Code Set	CPT - ASA (American Society of Anesthesiologists)
Payment	The allowed amount is determined based on the anesthesia procedure that has the highest base unit value
Base Units	Do not submit base units on the claim, they will be included in the calculation of the allowed amount.
Anesthesia Time	<ul style="list-style-type: none"> <li>• Submit the exact number of minutes from the preparation of the patient for induction to the time the anesthesiologist or CRNA are no longer in personal attendance or continue to be required.</li> <li>• 15 minutes of time equal one unit of service.</li> <li>• Units will be calculated to one decimal point. (Example: 62 minutes / 15 = 4.1 units of service)</li> </ul>
Additional Payment for Physical Status Modifiers	No
Qualifying Circumstances Codes (99100 – 99140)	<p>CPT code 99100 (Extreme age younger than 1 year or older than 70) is the only code that will be allowed separately. This code should be billed on a separate line, and no anesthesia modifiers should be appended to the CPT code.</p> <p>No other qualifying circumstances services are covered by UCare.</p>

GENERAL INFORMATION	UCARE
Placement of central venous lines, arterial catheters, Swan-Ganz catheters	Separately billable
Pre-Anesthetic Evaluation and Post-Operative Visits	The base value for anesthesia services includes usual pre-operative and post-operative visits. No separate payment is allowed for the pre-anesthetic evaluation regardless of when it occurs unless the recipient is not induced with anesthesia because the surgery was cancelled.
Surgical Procedure is cancelled	If an anesthetic is not administered, an evaluation and management service should be billed.

**Payment Formulas**

Outlined below is general information related to the reimbursement formulas used for UCare MHCP products.

**Personally Performed**

(ASA Base Units) + (Total Time / 15 rounded to one decimal point) x Current Conversion Factor

**Medically Directed**

(ASA Base Units) + (Total Time / 15 rounded to one decimal point) x Current Conversion Factor x 0.632

**Medically Supervised**

When an anesthesiologist supervises five or more concurrent procedures, payment is made only for patient services personally performed by the anesthesiologist, not to exceed three base units, and 1 unit for induction.

**Modifier Specific Payment Information**

ANESTHESIA OVERSIGHT	MODIFIER	MODIFIER NARRATIVE	PROVIDER TYPE	ADDITIONAL MHCP INFORMATION
Personally Performed	AA	Anesthesia service personally performed by the anesthesiologist	Anesthesiologist	(Base Units) + (Time Units) / 15 x Conversion Factor
	QZ	CRNA service without medical direction by a physician	CRNA	Base Units) + (Time Units) / 15 x Conversion Factor
Medically Directed / Supervised	AD	Medical supervision by a physician, more than four (4)	Anesthesiologist	Not to exceed three base units and 1 unit for induction.

ANESTHESIA OVERSIGHT	MODIFIER	MODIFIER NARRATIVE	PROVIDER TYPE	ADDITIONAL MHCP INFORMATION
		concurrent anesthesia procedures		
	QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals	Anesthesiologist	(Base Units) + (Time Units) / 15 x conversion factor x 0.632
	QY	Anesthesiologist medically directs one CRNA	Anesthesiologist	(Base Units) + (Time Units) / 15 x conversion factor x 0.632
	QX	CRNA directed by an anesthesiologist	CRNA	(Base Units) + (Time Units) / 15 x conversion factor x 0.632
Teaching Anesthesiologist Resident - Teaching Facility	AA, GC	Services performed by a Resident under the direction of a teaching physician	Anesthesiologist	<p>(Base Units) + (Time Units) / 15 x Conversion Factor</p> <p>The -GC modifier is reported by the teaching anesthesiologist. UCare will reimburse anesthesiologists for supervision of residents, following Medicare requirements and restrictions.</p> <p>If the teaching anesthesiologist is involved in a single case with an anesthesiology resident payment is the same as if the physician performed the service alone.</p>
	QK, GC	Anesthesiologist directing two – four residents or SRNAs	Anesthesiologist	(Base Units) + (Time Units /15) x conversion factor X 0.632
Monitored Anesthesia Care (MAC)	G8	Monitored anesthesia care (MAC) for deep complex, complicated	Anesthesiologist CRNA / AA	<ul style="list-style-type: none"> <li>Informational modifier to indicate MAC services were provided.</li> </ul>

ANESTHESIA OVERSIGHT	MODIFIER	MODIFIER NARRATIVE	PROVIDER TYPE	ADDITIONAL MHCP INFORMATION
		or markedly invasive surgical procedures		<ul style="list-style-type: none"> <li>The personally performed or the appropriate medical direction modifier must be submitted with this modifier.</li> <li>Submit actual time on the claim.</li> <li>Payment guidelines – same as general anesthesia.</li> </ul>
	G9	Monitored anesthesia for a patient who has a history of severe cardio-pulmonary condition	Anesthesiologist , CRNA /AA	<ul style="list-style-type: none"> <li>See above.</li> </ul>
	QS	Monitored Anesthesia Care	Anesthesiologist CRNA /AA	<ul style="list-style-type: none"> <li>See Above</li> </ul>
Physical Status Modifiers	P1	A normal health patient	NA	<ul style="list-style-type: none"> <li>Informational only; does not impact payment</li> </ul>
	P2	A patient with mild systemic disease	NA	<ul style="list-style-type: none"> <li>Informational only; does not impact payment</li> </ul>
	P3	A patient with severe systemic disease	NA	<ul style="list-style-type: none"> <li>Informational only; does not impact payment</li> </ul>
	P4	A patient with severe systemic disease that is a constant threat to life	NA	<ul style="list-style-type: none"> <li>Informational only; does not impact payment</li> </ul>
	P5	A moribund patient who is not expected to survive without the operation	NA	<ul style="list-style-type: none"> <li>Informational only; does not impact payment</li> </ul>
	P6	A declared brain-dead patient whose organs are being removed for donor purposes	NA	<ul style="list-style-type: none"> <li>Informational only; does not impact payment</li> </ul>

## BILLING REQUIREMENTS AND DIRECTIONS

Outlined below are the billing guidelines for general anesthesia and MAC services:

- Submit claims for anesthesia services using the MN-ITS 837P or the electronic equivalent.
- Use the specific CPT ASA anesthesia codes or surgical codes with the appropriate anesthesia modifier in the first modifier position.
- Submit the exact number of minutes from the preparation of the patient for induction to the time when the anesthesiologist or CRNA was no longer in personal attendance or continued to be required.
- Enter only the number of minutes for anesthesia time in the service unit count field in the electronic claim. UCare will add the base units for each procedure.

## PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION

### Prior Authorization and Notification Requirements

UCare does update its' authorization, notification and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

### Threshold Information

Not Applicable.

## RELATED PAYMENT POLICY INFORMATION

OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR MAY HAVE AN IMPACT ON THIS POLICY.

POLICY NUMBER	POLICY TITLE
UM14P0008A6	Anesthesia Medicare

UCare payment policies are updated from time to time. The most current UCare payment policies can be found [here](#).

**SOURCE DOCUMENTS AND REGULATORY REFERENCES****LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY REFERENCES USED TO CREATE THIS POLICY**

MHCP Provider Manual, [Anesthesia Services](#)

Minnesota 2009 Session Law, [Chapter 79, article 5, section 25](#) Physician rates for direction of CRNA

Minnesota 2009 Session Law, [Chapter 79, article 5, section 28](#) CRNA rates not directed by physician

[Minnesota Statutes 147](#)

[Minnesota Statutes 256B.0625](#), subd.3; subd. 11

**DISCLAIMER**

“Payment Policies assist in administering payment for UCare benefits under UCare’s health benefit Plans. Payment Policies are intended to serve only as a general reference resource regarding UCare’s administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. In particular, when submitting claims, all providers must first identify member eligibility, federal and state legislation or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®\*), InterQual guidelines, Centers for Medicare and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT® or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations.”