



An Independent Licensee of the Blue Cross and  
Blue Shield Association

# Anesthesia Services Billing Guide

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**November 2011**

*Replaces: December 2010*

# Preface

The *Wellmark Provider Guide* and specialty guides are billing resources for providers doing business with Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., and Wellmark Blue Cross and Blue Shield of South Dakota. The guides are referenced in your provider agreement, and include information that applies to all benefit plans in Iowa and South Dakota unless specified within the text.

## Explanation of Terminology

Wellmark	Throughout the guides, the term Wellmark indicates Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., and Wellmark Blue Cross and Blue Shield of South Dakota.
Member	Individuals with health coverage through Wellmark are referred to as members.

## Provider Guide Updates

Wellmark's provider guides are continually updated to bring you the most current information. The following items identify when the guide or section was last changed.

- The most current date is printed on the front cover and inside pages. The date of the version replaced is also printed on the front cover.
- A *Summary of Changes* page lists all the substantial changes made in the most current update. The page(s) affected and a brief explanation of the change is linked from the *Summary of Changes* page to the change within the document.
- Changed text is in blue type.

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# **Anesthesia Services Billing Guide**

## **Summary of Changes**

### **November 2011**

**Updated** back page with contact information.

#### **Page 2**

Update on billing anesthesia for multiple surgeries.

#### **Page 3**

Physicians must report the appropriate anesthesia modifier to denote whether the service was personally performed, medically directed, or medically supervised, or if it represented monitored anesthesia care. CRNAs must report the appropriate anesthesia modifier to indicate whether the service was performed with or without supervision by a physician. A list of modifiers is provided.

#### **Page 4**

A list of anesthesia modifiers that affect payment, and their definitions.

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**Scope** Information in this guide applies to networks and products offered or administered by Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Blue Cross and Blue Shield of South Dakota, and Wellmark Health Plan of Iowa, Inc. The guidelines may also apply to Select First, but as guidelines will vary, please check Select First coverage at <http://www.firstadministrators.com/> or call the phone number on the back of the member's ID card for details.

## **I** Introduction

*Description of anesthesia services* This guide provides coding and billing information for anesthesiology services. It clarifies how to bill services performed by CRNAs who are medically directed, employed, or who practice independently. It also covers topics such as how to bill pain management, moderate (conscious) sedation, and anesthesia when multiple surgeries are performed at the same operative session.

## **II** Billing Guidelines for Anesthesia Services

An anesthesiologist or an independent certified registered nurse anesthetist (CRNA) may bill Wellmark direct for his or her services using the anesthesiology codes found in *CPT*<sup>®\*</sup> (00100–01999). While some surgical CPT codes are appropriate to use when billing anesthesia services (e.g., 36620), the majority of anesthesia services should be billed using codes in the range of 00100–01999.

Anesthesia services include, but are not limited to, general, regional, monitored supplementation of local anesthesia or other supportive services. An anesthesia service includes:

- the usual anesthesia preoperative and postoperative visits
- administration of the anesthetic for the site of surgery
- anesthesia care during the procedure
- administration of fluids and/or blood replacement
- the usual monitoring services, e.g., ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry

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**Billing Anesthesia for Multiple Surgeries**

If you bill for the administration of anesthesia for multiple surgical procedures performed during the same operative session, submit only one anesthesia code. Choose the anesthesia code **representing** the most complicated procedure. **The time reported is the combined total for all the procedures.**

**Note:** When add-on anesthesia procedure codes (e.g., 01968,\* 01969) are needed to bill the services performed, submit each add-on code in addition to the primary procedure (e.g., 01967).

**Reporting the Health of the Patient**

Physical status modifiers distinguish between various levels of complexity of the anesthesia service provided based on the patient's condition, and are represented by the letter P followed by a single digit:

- 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

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**Anesthesia Modifiers required on Anesthesia Services**

Physicians must report the appropriate anesthesia modifier to denote whether the service was personally performed, medically directed, or medically supervised, or if it represented monitored anesthesia care. Similarly, CRNAs must report the appropriate anesthesia modifier to indicate whether the service was performed with or without supervision by a physician.

Beginning with date of service February 1, 2012, anesthesia services 00100-01999\* will be required to have one of the following anesthesia modifiers.

- AA (Anesthesia services performed personally by an anesthesiologist)
- AD (Medical supervision by a physician: more than 4 concurrent anesthesia procedures)
- G8 (Monitored anesthesia care for deep, complex, complicated, or markedly invasive surgical procedure)
- G9 (Monitored anesthesia care for patient who has history of severe cardio-pulmonary condition)
- QK (Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals)
- QS (Monitored anesthesia care service)
- QX (CRNA Service: with medical direction by a physician)
- QY (Medical direction of one CRNA by an anesthesiologist)
- QZ (CRNA Service: without medical direction by a physician)

**CRNA Services**

*Medically directed/  
supervised CRNA  
services*

When a CRNA and a medically directing or supervising anesthesiologist (MDA) provide services for a single anesthesia procedure, submit claims as follows:

- Submit separate claims for each practitioner using his/her NPI number
- Submit the same CPT code *and* time on both claims
- Add one of these modifiers to the procedure code on the **supervising anesthesiologist's** claim:

<u>Modifier</u>	<u>Description</u>
QY	Medical direction of one CRNA by an anesthesiologist
QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures

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- Add the QX modifier to the procedure code on the **medically directed CRNA's** claim:

<u>Modifier</u>	<u>Description</u>
QX	CRNA service; with medical direction by a physician

*Medically directed/  
supervised CRNA  
services*

When the supervising anesthesiologist and medically directed/supervised CRNA bill separately, Wellmark pays each practitioner his/her contracted maximum allowable fee (MAF) for the anesthesia service.

*Hospital employed/  
contracted CRNA  
services*

Hospitals that bill anesthesia services of employed or contracted independently practicing CRNAs must submit charges on a CMS-1500, identifying the CRNA with his or her NPI in field 24J.

Services performed by a CRNA without supervision by a physician **should** be billed with a QZ modifier.

*Independently  
practicing CRNA*

<u>Modifier</u>	<u>Description</u>
QZ	CRNA service: without medical direction by a physician

## III Anesthesia Modifiers that Affect Payment

The modifiers listed below affect payment.

Modifier	Definition
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures
QY	Medical direction of one CRNA by an anesthesiologist
QX	CRNA service; with medical direction by a physician
QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals

# IV Units of Service

Anesthesia time begins when the anesthesiologist begins preparing the patient for surgery and ends when the anesthesiologist is no longer in personal attendance and the patient is safely placed under post-anesthesia supervision.

*Submit number of minutes*

Submit the actual minutes spent providing anesthesia services as the units of service. Wellmark converts the number of minutes submitted into units (15 minutes = 1 unit) and reflects the number of calculated units on your Practitioner Claims Report (PCR). Wellmark rounds up to the next unit for minutes over 15-minute increments (e.g., 31 minutes = 3 units).

*Base units*

*Do not add anesthesia base units to the actual time you submit.* The units field should reflect only the length of time of the service. Base units as defined by the American Society of Anesthesiologists are already included in Wellmark's reimbursement.

## **ANSI 837 Format for Submitting Units of Service**

*Submitting units electronically*

The ANSI 837 electronic claim format carries the Units of Service in loop 2400, elements SV103 and SV104. To submit anesthesia minutes, element SV103 must contain a value of 'MJ' (minutes) with the number of minutes residing in SV104. The minutes should be submitted as whole numbers (1 through 9999).

For example, to submit 45 minutes of anesthesiology services on an electronic claim, in loop 2400, element SV103 should contain 'MJ' and element SV104 should contain 45.

Our Medical Department may review the claim to make sure the number of minutes is appropriate for the service provided. If more information is needed to complete this review, we may request medical records. After completing the review, we will finish processing the claim.

## V Pain Management Services

Pain management means those services defined as such by the American Society of Anesthesiologists Relative Value Guide (RVG) as updated annually in the following categories:

- pain management procedures
- intravascular catheterization procedures
- other venous/arterial access procedures

Bill pain management with 1 unit of service on the CMS-1500.

<u>CPT Code</u>	<u>Description</u>
01996*	Daily hospital management of epidural or subarachnoid continuous drug administration

*Post-surgical pain management* Submit anesthesia code 01996 for daily hospital management of continuous epidural or subarachnoid drug administration performed after insertion of an epidural or subarachnoid catheter.

## VI Qualifying Circumstances

Wellmark considers qualifying circumstances (procedure codes 99100–99140 in the Medicine section of *CPT*) part of the surgical procedure and does not pay for these services when billed in addition to the surgery.

## VII Moderate (Conscious) Sedation

*Sedation with or without analgesia* *CPT* describes moderate (conscious) sedation as “a drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.”

Bill moderate (conscious) sedation services using a procedure code in the 99143–99150 range.

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**Note:** CMS' National Correct Coding Initiative (CCI) Edits may bundle the codes with another procedure. These services are identified on CMS' Web site at [http://www.cms.hhs.gov/NationalCorrectCodInitEd/01\\_overview.asp](http://www.cms.hhs.gov/NationalCorrectCodInitEd/01_overview.asp). Also refer to Appendix G of *CPT* for a list of codes that include moderate (conscious) sedation services and will not be paid if billed separately.

Moderate sedation does not include minimal sedation, deep sedation, or monitored anesthesia care (00100 – 01999\*). Refer to *CPT* for more detailed billing information.

## VIII. Cosmetic Surgeries

If the primary purpose of the surgery is to improve the appearance of a patient, not to restore bodily function or correct a deformity, Wellmark considers the procedure cosmetic and, therefore, noncovered.

## IX. Summary

This guide is a coding and billing resource for the most common anesthesia procedures. If you have questions not addressed in this guide, please call the appropriate provider service number listed on the next page.

## Iowa Service Contacts

Wellmark Blue Cross and Blue Shield of Iowa  
Wellmark Health Plan of Iowa, Inc.  
Des Moines, IA 50306-9232\

### Wellmark Blue Cross and Blue Shield of Iowa\* Wellmark Health Plan of Iowa, Inc.\*

#### Provider Service

..... 800-362-2218 or 515-376-4688

### Federal Employee Program\*

..... 800-532-1537 or 515-376-4784

### Tyson Foods

..... 800-526-5710

### Iowa Bankers for benefit questions only

..... 800-258-1415 (call 800-362-2218 for claims issues)

### UI Care, UI GradCare, and UI Select

..... 800-355-2031

### Ford Retirees

Physicians ... 800-344-8525; Facilities ... 800-249-5103

### Admission Notification, Precertification, and Case Management

..... 800-552-3993

### Network Engagement

.... 800-700-9137

Contact to discuss contracting opportunities in your area

### Pregnancy Program\*

..... 866-460-9742

### Disease Management Program\*

..... 866-816-5264

### Network Administration\*

.... 800-708-1342 or 515-376-5100

Providing information about:

network participation      provider number  
address change              application status  
credentialing/recredentialing status  
taxpayer identification number change

### BlueCard® Program\*

Out-of-state members' claim status or payment information

..... 800-362-2218 or 515-376-4688

Out-of-state members' eligibility information

.... 800-676-2583

### EC (Electronic Commerce) Solutions\*

..... 800-407-0267

Providing electronic claims and reports information

### Pharmacy Department

..... 800-600-8065

## South Dakota Service Contacts

Wellmark Blue Cross and Blue Shield of South Dakota  
Sioux Falls, SD 57104

### Wellmark Blue Cross and Blue Shield of South Dakota\*

#### Provider/Customer Service Center

..... 800-774-3892 or 605-373-7292

### Federal Employee Program\*

..... 800-532-1537

### Tyson Foods

..... 800-526-5710

### Admission Notification, Precertification, and Case Management

800-642-9273

### Network Engagement

.... 800-700-9137

Contact to discuss contracting opportunities in your area

### Pregnancy Program\*

..... 866-460-9742

### Disease Management Program\*

..... 866-816-5264

### Network Administration\*

.... 800-708-1342

Providing information about

network participation      provider number  
address change              application status  
taxpayer identification number change

### BlueCard® Program

Out-of-state members' claim status or payment information

..... 800-774-3892

### EC (Electronic Commerce) Solutions\*

..... 800-407-0267

Providing electronic claims and reports information

### Pharmacy Department

..... 800-600-8065



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For Providers and on the next screen, choose your state.