Anesthesia - MHCP

Policy Number: SC14P0005A6

Effective Date: August 14, 2014

Last Update: April 19, 2024

PAYMENT POLICY HISTORY

Date	Summary of Change
April 19, 2024	Annual review completed. Intent of policy unchanged; updates were made to clarify wording and to clean up grammar and stylization.
June 22, 2023	Annual policy review completed. Updates made to definitions, provider eligibility, and Modifiers/CPT/HCPCs/Revenue Codes, and payment information sections.
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 PRODUCT	APPLIES TO
UCare Connect	√

TABLE OF CONTENTS

This page was intentionally left blank

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 This policy is a general guideline and may be superseded by specific provider contract language.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

This policy outlines the payment and billing requirements for general and monitored anesthesia care services.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Certified Registered Nurse Anesthetist (CRNA)	An advanced practice registered nurse (APRN) who has acquired graduate-level education and board certification in anesthesia.
General Anesthesia	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 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 the pre-operative, intra-operative, and postoperative anesthesia care, or met supervision requirements of a single resident. To be considered personally performed, the anesthesiologist may not be involved in any other procedure or duties that take them out of the operating room. It will be assumed that if the anesthesiologist leaves the operating room, the anesthesiologist was performing other duties. If the anesthesiologist leaves the operating room to

TERM	NARRATIVE DESCRIPTION
	perform any other duties, the anesthesia procedure may not be billed as personally performed.
SRNA	Student Registered Nurse Anesthetist

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 a UCare Medicaid 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.

Provider

The following providers are eligible to furnish anesthesia services:

- Anesthesiologists (MDAs)
- Certified Registered Nurse Anesthetists (CRNAs)
- Physician MDs under limited conditions (see MHCP for guidance)

NOTE: Medicare's and MHCP's list of eligible providers are ***not*** the same.

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®), Healthcare Common Procedure Coding System (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.

Anesthesia Modifiers

Modifiers appended to anesthesia claims have a significant impact on payment. Detailed information regarding anesthesia modifiers, their use and impact on payment is outlined in the Payment Information section of this Policy.

CPT and/or HCPCS Code(s)

For general anesthesia and monitored anesthesia care (MAC) the code-set established by the American Academy of Anesthesiologists (ASA) is used to bill for anesthesia care. Services should be billed using the most current and appropriate ASA code.

Revenue Codes

Not applicable.

PAYMENT INFORMATION

Pre-anesthetic Evaluations and Post-operative Visits

MHCP uses the Centers for Medicare & Medicaid Services (CMS) list of base values, adopted from the relative base values established by the American Society of Anesthesiologists (ASA). 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 member is not induced with anesthesia because the surgery was cancelled.

If an anesthetic is not administered due to a surgery cancellation, the anesthesiologist or independent CRNA may bill an Evaluation and Management (E/M) CPT code that demonstrates the level of service performed.

Criteria for Medical Direction

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 they do not personally perform that are listed in the anesthesia plan 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 anesthesiologist 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.

Surgeon Supervision of Anesthesia Services

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

- Anesthesia Assistant;
- CRNA;
- Intern;
- 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 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.

Moderate Sedation (Conscious Sedation)

The intent of moderate sedation is for the member to remain conscious and able to communicate during the entire procedure. The member retains the ability to independently and continuously maintain a patent airway and respond appropriately to physical stimulation or verbal command. Moderate sedation includes the following:

- Performance and documentation of pre-sedation and post-sedation evaluations of the member
- Administration of the sedation or analgesic agents

- Monitoring of cardiorespiratory functions (pulse oximetry, cardiorespiratory monitor, and blood pressure)

Deep Sedation

Deep sedation is a drug-induced depression of consciousness during which patients cannot be easily aroused but purposefully respond following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate.

Emergency medicine physicians (MDs) whose advance practice training has prepared them for airway management, advanced life support and rescue from any level of sedation may administer deep sedation.

Member-Controlled Analgesia (During Hospitalization)

UCare covers member-controlled analgesia for pain with the continuous infusion of pain medication facilitated by an infusion pump in a hospital setting.

UCare covers medically necessary daily pain management service. The service must be conducted face to face.

Special Services

UCare covers specialized services performed by an anesthesiologist or independent CRNA, such as insertion of Swan-Ganz catheters, placement of central venous lines and arterial lines.

Modifier Payment Grid and Additional Payment Information

Information regarding payment is outlined below.

MODIFIER(S)	NARRATIVE DESCRIPTION	Additional Medicaid Info
AD	Medical Supervision by a physician; more than 4 concurrent anesthesia procedures	Not to exceed three base units and 1 time unit for induction.
QK	Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals	(Base Units) + (Time Units) / 15 x conversion factor x 0.632
QX	CRNA service with medical direction by a physician	(Base Units) + (Time Units) / 15 x conversion factor x 0.632
QY	Medical direction of one qualified non-physician anesthetist by an anesthesiologist	(Base Units) + (Time Units) / 15 x conversion factor x 0.632
G8	Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedures	Informational modifier to indicate MAC services were provided. The personally performed or the appropriate medical direction modifier must be submitted with this modifier. Submit actual time on the claim. Payment guidelines – same as general anesthesia.
G9	Monitored anesthesia care for patient who has a history of severe cardio-pulmonary condition	See G8
QS	Monitored anesthesia care service (The –QS modifier can be used by a physician or a qualified non-physician anesthetist)	See G8
AA	Anesthesia Services performed personally by the anesthesiologist	(Base Units) + (Time Units) / 15 x Conversion Factor
QZ	CRNA service without medical direction by a physician	Base Units) + (Time Units) / 15 x Conversion Factor
AA, GC	These services have been performed by a resident or SRNA under the direction of a teaching physician.	(Base Units) + (Time Units) / 15 x Conversion Factor The -GC modifier is reported by the teaching anesthesiologist. UCare will reimburse anesthesiologists for supervision of residents, following Medicare requirements and restrictions. 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.
QK, GC	Anesthesiologist directing two-four residents or SRNAs	(Base Units) + (Time Units) / 15 x conversion factor x 0.632

Physical Status Modifiers (Informational)

Modifier	Modifier Narrative
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

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 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 AUTHORIZATI0N, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization Notification, and Threshold Requirements

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

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. 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."