

Qualifying Circumstances for Anesthesia

Last Updated: 4/9/2025

Last Reviewed: 4/9/2025

Originally Effective: 1/1/2000

Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No

If yes, Texas Last Update Effective Date: n/a

Policy #: RPM033

Scope

Companies: Moda Partners, Inc. and its subsidiaries & affiliates (All)

Provider Contract Status: Any

Claim Forms: CMS1500 & CMS1450 (paper and electronic versions)

Claim Dates: All

Reimbursement Guidelines

A. Commercial lines of business

Effective for claims processed on or after 2/25/2016, upper management reaffirms that we do not separately reimburse for CPT codes 99100 – 99140. This is based on their status indicator of “B” (bundled code) on the CMS Physician Fee Schedule.

CPT codes 99100 – 99140 will deny to provider liability with denial codes:

- EX: 2M0 Service/supply is considered bundled or incidental. Not eligible for separate payment. Always bundled into a related service.
- CARC: 97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- RARC: M15 Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

B. Medicare Advantage lines of business

CPT codes 99100 – 99140 are status B codes and are not eligible for separate reimbursement.

C. Medicaid lines of business

CPT codes 99100 – 99140 are status B codes and are not eligible for separate reimbursement.

Definitions

Acronyms/Abbreviations

Acronym	Definition
CARC	Claim Adjustment Reason Code
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
CRNA	Certified Registered Nurse Anesthetist
EX	Explanation Code
HCPCS	Healthcare Common Procedure Coding System (acronym often pronounced as "hick picks")
NHIC	National Heritage Insurance Corporation (NHIC)
RARC	Remittance Advice Remark Code
RPM	Reimbursement Policy Manual (e.g., in context of “RPM052” policy number, etc.)

Procedure codes (CPT & HCPCS)

Code	Code Description
99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)

Code	Code Description
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)

Related Policies

- A. [“Moda Health Reimbursement Policy Overview.”](#) Moda Health Reimbursement Policy Manual, RPM001.
- B. [“Modifier 47 - Anesthesia By Surgeon.”](#) Moda Health Reimbursement Policy Manual, RPM031.
- C. [“Anesthesia Physical Status Modifiers \(P1 - P6\).”](#) Moda Health Reimbursement Policy Manual, RPM032.
- D. [“Moderate \(Conscious\) Sedation.”](#) Moda Health Reimbursement Policy Manual, RPM048.

Resources

1. CMS. *National Correct Coding Initiative Policy Manual*. Chapter 2 Anesthesia Services.
2. American Medical Association. “Anesthesia Services Codes 00100-01999 FAQs.” *CPT Assistant*. April 2008: 3-4.
3. NHIC, Corp. *Anesthesia Billing Guide*. NHIC, Corp. A CMS Intermediary J14 A/B. April 2013: 18.
4. CMS. Medicare Physician Fee Schedule Database.

Policy History

Reminder: The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the current information by going to: https://www.modahealth.com/medical/policies_reimburse.shtml

Date	Summary of Update
4/9/2025	Acronyms & Related Policies updated. Minor rephrasing. Formatting updates. No policy changes.
6/12/2024	Formatting updates. No policy changes.
8/9/2023	Formatting updates. No policy changes.
7/13/2022	Idaho added to Scope. Formatting updates. No policy changes. Policy History section added; entries prior to 2022 omitted (in archive storage).
8/14/2013	Policy document initially approved by the Reimbursement Administrative Policy Review Committee & initial publication.
1/1/2000	Original Effective Date (with or without formal documentation). Policy based on CMS status B indicators on the Physician Fee Schedule.