



**Manual:** Reimbursement Policy

**Policy Title:** **Qualifying Circumstances for Anesthesia**

**Section:** Anesthesia

**Subsection:** None

**Date of Origin:** 1/1/2000 **Policy Number:** RPM033

**Last Updated:** 7/30/2018 **Last Reviewed:** 10/18/2018

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### **Scope**

This policy applies to all Commercial medical plans, Medicare Advantage plans, and Oregon Medicaid/EOCCO plans.

### **Reimbursement Guidelines**

#### Commercial lines of business

Effective for claims processed on or after 2/25/2016, Moda Health does 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.

#### Medicare Advantage lines of business

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

### **Background Information**

Anesthesia is the administration of a drug or anesthetic agent by an anesthesiologist or Certified Registered Nurse Anesthetist (CRNA) for medical or surgical purposes to relieve pain and/or induce partial or total loss of sensation and/or consciousness during a procedure. A variety of levels of

anesthesia exist, ranging from local through general anesthesia. “As physicians, anesthesiologists are responsible for administering anesthesia to relieve pain and for managing vital life functions during surgery.”<sup>4</sup>

### Codes and Definitions

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)
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)

### Coding Guidelines

#### CPT Assistant:

**“Question:** *What are “qualifying circumstances for anesthesia,” and when are they reported?*

**Answer:** Codes 99100-99140 are add-on codes that include a list of important qualifying circumstances that significantly affect the character of the anesthesia service provided. These circumstances would be reported as additional procedure numbers qualifying an anesthesia procedure or service. More than one code in the section may be selected, if applicable. Codes 99100-99140 are listed in the Anesthesia guidelines in the CPT codebook.” (AMA<sup>2</sup>)

#### Medicare Physician Fee Schedule:

Qualifying circumstances CPT codes 99100 – 99140 are assigned a status indicator of “B” (bundled code) on the CMS Physician Fee Schedule, and are not eligible for separate reimbursement under Medicare guidelines. Per CMS, the value for these qualifying circumstances has already been included in the RVUs for the primary anesthesia procedure codes.

### Cross References

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

## References & 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.

## IMPORTANT STATEMENT

The purpose of Moda Health Reimbursement Policy is to document payment policy for covered medical and surgical services and supplies. Health care providers (facilities, physicians and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement policy is not intended to impact care decisions or medical practice.

Providers are responsible for accurately, completely, and legibly documenting the services performed. The billing office is expected to submit claims for services rendered using valid codes from HIPAA-approved code sets. Claims should be coded appropriately according to industry standard coding guidelines (including but not limited to UB Editor, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS' National Correct Coding Initiative (CCI/NCCI) Policy Manual, CCI table edits and other CMS guidelines).

Benefit determinations will be based on the applicable member contract language. To the extent there are any conflicts between the Moda Health Reimbursement Policy and the member contract language, the member contract language will prevail, to the extent of any inconsistency. Fee determinations will be based on the applicable provider contract language and Moda Health reimbursement policy. To the extent there are any conflicts between Reimbursement Policy and the provider contract language, the provider contract language will prevail.