

Health Plus Medical & Claims Payment Bulletin

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Subject: Anesthesia Service

Policy:

Claim Submission:

- Anesthesia services must be reported by the use of the anesthesia five-digit CPT procedure codes 00100 – 01999.
- Use the two character modifier, when appropriate.
- Physical Status Modifiers may be reported, but Health Plus does not recognize them for payment.
- Anesthesia time must be reported using actual minutes for the time spent delivering anesthesia.

Payment:

- Reimbursement is calculated on the base unit that is assigned to the anesthesia code and time units multiplied by an anesthesia conversion factor multiplied by a percentage of the conversion factor based on locality.
- Time units are computed by dividing reported anesthesia time by 15 minutes.
- Routine postoperative evaluation is included in the basic unit for the anesthesia service and therefore not payable separately.
- Routine post-operative pain management services are included under the global payment related to the surgery procedure.
- Health Plus does not allow separate payment for the anesthesia services performed by the physician who also furnishes the medical or surgical service.

This policy is based on CMS (Centers for Medicare and Medicaid Services) anesthesia rules correct coding guide.

Policies in this manual are intended to reflect standard Health Plus procedures. In instances where a provider’s contract contains other policies which may be more or less restrictive than those in this manual, these contractual provisions will apply.

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