

Reimbursement Policy
Anesthesia Services: Professional Reimbursement
Committee Approval Date: 07/01/2021
<p>These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by the member’s plan. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record. Unless otherwise noted within the policy, our policies apply to both participating and non-participating providers and facilities. If appropriate coding/billing guidelines or current reimbursement policies are not followed, MHHP may reject/deny claim, recover/recoup payment or adjust the reimbursement to reflect the appropriate services and/or procedures performed. These policies may be superseded by mandates in provider contracts, or state, federal or CMS requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, MHHP strives to minimize these variations.</p>
<p>References: https://www.cms.gov/files/document/medicare-claims-processing-manual-chapter-12</p>
<p>https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00144512</p>
<p>https://www.cms.gov/Center/Provider-Type/Anesthesiologists-Center.html</p>

Policy Statement

Reimbursement of anesthesia services is based upon the reimbursement formula for the allowance and time increments in accordance with CMS, as well as, the proper use of applicable modifiers.

Required Anesthesia Modifiers

All anesthesia services including Monitored Anesthesia Care must be submitted with a required anesthesia modifier in the first modifier position. These modifiers identify whether a procedure

was personally performed, medically directed, or medically supervised. Consistent with CMS, MHHP will adjust the Allowed Amount by the Modifier Percentage indicated in the table below.

Anesthesia Modifiers	Reimbursement Percentage
AA	100%
AD	100%
QK	50%
QX	50%
QY	50%
QZ	100%

Multiple Anesthesia Procedures

MHHP allows reimbursement for professional anesthesia services during multiple procedures. Reimbursement is based on the anesthesia procedure with the highest base unit value and the overall time of all anesthesia procedures.

General Payment Rule

The fee schedule amount for physician anesthesia services furnished is, with the exceptions noted, and based on allowable base and time units multiplied by an anesthesia conversion factor specific to that locality. The base unit for each anesthesia procedure is communicated to the A/B MACs by means of the HCPCS file released annually. CMS releases the conversion factor annually. The base units and conversion factor are available on the CMS website referenced above.

Non Physician Anesthetists

The fee schedule for anesthesia services furnished by qualified non physician anesthetists is the applicable locality-adjusted anesthesia conversion factor multiplied by the sum of allowable base and time units, as defined in CMS website referenced above.

Memorial Hermann *Advantage* complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.