



INSTIL<sup>®</sup> HEALTH



# Anesthesia Guidelines

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## Anesthesia

InStil Health requires anesthesiologists and certified registered nurse anesthetists (CRNAs) to file claims using CPT anesthesia codes. We cover general anesthesia services when the operating physician requests them and a nurse anesthetist or physician, other than the operating physician, performs them for covered surgical services. InStil Health covers anesthetic or sedation procedures the operating physician performs as a part of the surgical or diagnostic procedure. We consider local anesthesia to be an integral part of the surgical procedure and provide no additional benefits. InStil Health recognizes these modifiers:

### Anesthesiologist Modifiers

- **AA** – Anesthesia services performed personally by an anesthesiologist (includes reimbursement of an employed CRNA)
- **AD** – Medical supervision by a physician. More than four concurrent anesthesia procedures.
- **QK** – Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals
- **QY** – Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist

### CRNA Modifiers

- **QX** – CRNA service with medical direction by a physician
- **QZ** – CRNA service without medical direction by a physician

### Monitored Anesthesia Care Modifiers

InStil Health may reimburse for modifiers QS, G8 and G9 if a physician personally performs the procedure (modifier AA) and if the procedure meets medical necessity criteria. InStil Health will not reimburse modifiers QK, QX, QY and QZ for supervision of monitored anesthesia care (MAC). InStil Health will not reimburse CRNAs for MAC.

- **QS** – Monitored anesthesia care service (must appear in the second modifier field)
- **G8** – Monitored anesthesia care (MAC) for a deep complex, complicated or markedly invasive surgical procedure (must appear in the second modifier field)
- **G9** – Monitored anesthesia care for a patient who has a history of severe cardiopulmonary condition (must appear in the second modifier field)

### Anesthesia Risk Factors

Anesthesiologists or nurse anesthetists can file three modifiers indicating they have added time limits when the physical status of the patient presented a serious health risk. They must place these modifiers in the second modifier field of the claim form.

InStil Health will only pay risk factors if the physician (modifier AA on the primary anesthesia code) administers the anesthesia personally. There will be no separate reimbursement for risk factors for CRNAs or anesthesiologist supervision of CRNAs, even if they report it separately.

### Risk Modifiers

<b>P-3</b>	Add one time unit when a patient has a severe systemic disease, such as uncontrolled diabetes or hypertension requiring medication.
<b>P-4</b>	Add two time units when a patient has a severe systemic disease that is a constant threat to life, such as severe respiratory or cardiac disease.
<b>P-5</b>	Add three time units when the patient is not expected to survive for 24 hours with or without the operation, such as multiple severe trauma or severe head injury.

## **Maternity Epidural Anesthesia**

InStil Health reimburses epidural anesthesia for maternity as a global allowance with no consideration of time units. Generally, the practitioner who inserts the epidural needle will file for the total service using modifier AA. If, however, the physician and the CRNA have arranged to both bill for the epidural, the physician should bill either modifier QK or QY and the CRNA should bill with modifier QX.

To report obstetrical epidural administration, physicians should file code 01967 for normal delivery. Physicians should report both codes 01967 and 01968 when performing a cesarean section. Physicians should not report this code for "standing- by" if the patient elects natural childbirth and no epidural is performed.

## **Stand-by Anesthesia**

InStil Health provides benefits if the anesthesiologist offers the personal patient care normally provided when administering anesthesia (e.g., examines patient, connects monitoring lines, personally monitors patient during operative procedure), but does not actually administer the anesthesia unless required. InStil Health may reimburse the anesthesiologist for both the procedure and time. File claims for stand-by anesthesia using the appropriate anesthesia code, anesthesia modifier and time units.

## **Qualifying Circumstances**

Physicians provide many anesthesia services under particularly difficult circumstances, depending on factors such as an extraordinary condition of patient, notable operative conditions and unusual risk factors. These circumstances significantly impact the character of the anesthesia service the physician provides.

InStil Health may only reimburse qualifying codes if the physician administers the anesthesia personally. There will be no separate reimbursement for risk factors for CRNAs or anesthesiologist supervision of CRNAs, even if providers report these separately.

If a CRNA inserts the needle under the direct supervision of an anesthesiologist, the anesthesiologist may bill a QK modifier.

## **Conscious Sedation**

Physicians use sedation with or without analgesia to achieve a medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and ability to respond to stimulation or verbal commands. Benefits for this service are included in the benefits InStil Health provides for medical care consultations or surgical care, including the pre- and postoperative care. InStil Health may provide reimbursement for this service if the age of the patient is less than 13 years.

## **Nerve Blocks**

InStil Health includes administration of a nerve block in the allowance for total anesthesia time and it is not eligible for separate reimbursement.

When the nerve block is a separate procedure and is for the treatment of a non- surgical condition or for non- postoperative pain management, providers should bill it using the appropriate surgical procedure.

## **Anesthesia Units**

### **Base Units**

InStil Health uses the Medicare base units as a basis for procedures.

## Time Units

Providers should report anesthesia time units in minutes. InStil Health calculates the number of units for claims adjudication based on 15-minute increments, rounded to the nearest tenth (1/10). For example, we would calculate 49 minutes as follows:

49 minutes/15 increment = 3.266 units

3.266 would round to 3.3 time units

We do not provide anesthesia benefits for:

- The administration of anesthesia for non-covered services, such as cosmetic surgery.

We do not provide separate benefits for the following if in conjunction with other surgical or medical services:

- Pre-operative anesthesia consultation
- Transesophageal cardiography
- Emergency intubation
- The administration of anesthesia by the attending surgeon or surgical assistant, except as outlined above
- Local anesthesia