The Basics of Anesthesia Billing.

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Disclosures

□ This presentation is intended to provide basic educational information regarding coding/billing for anesthesia and not intended to convey coding advice and does not represent the following:

- Official policy of the ASA (American Society of Anesthesiologists)
- Official policy of the Virginia CMS
- Every effort has been made to assure the information in this presentation is accurate

Medicine's Greatest Gift

- Over one hundred fifty years ago, at Massachusetts General Hospital, one of the greatest moments in medicine occurred. October 16, 1846 William T.G. Morton, A Boston dentist, demonstrated the use of ether during surgery, ending indescribable pain – and the overwhelming dread – that had been associated with the surgeon's knife. Dr. Morton was not the first to use ether during a surgery, Dr. Crawford Williamson Long use it in 1842 to remove a tumor. Because Long did not publish or publicize his work, Dr. Morton usually gets credit for the discovery of anesthesia.

Medicine's Greatest Gift Continued

- Dr. Morton used ether on a patient while extracting a tooth. The patient was so impressed that they went to the local newspaper. Dr. Morton was urged to demonstrate the use of ether during an operation at Massachusetts General Hospital. He used a specially designed glass inhaler containing an ether-soaked sponge to administer the anesthetic to the patient, Gilbert Abbott, who was in the hospital clinic for treatment of a vascular tumor on his jaw.

Medicine's Greatest Gift Continued

- After several minutes, the patient was unconscious. The surgeon John Collins Warren MD, one of the most widely recognized surgeons of the time, surgically removed the tumor. The patient upon wakening informed the curious and skeptical physicians and medical students that he had experienced NO PAIN. Dr. Warren told the onlookers as they were taking the patient out, "Gentlemen, this is no humbug." A new era of Medicine had begun.

How Does Anesthesia Work?

- One of the most often asked question is how does anesthesia work? The question is asked in a way that makes it clear that anesthesia is thought of as a single entity, one medication or one technique. This is a common misconception among patients.

- While it seems impossible to believe that with today's advanced scientific knowledge and experimental techniques, it is true that the mechanism of many medications used in anesthesia are simply not clear.

Anesthesiology

☐ Anesthesiology is a practice of medicine specializing in:

- The management of patients who are rendered unconscious and/or insensible to pain and emotional stress during surgical, obstetrical, and certain other medical procedures

Anesthesiology (Cont)

- The management of problems in pain relief
- The management of cardiopulmonary resuscitation
- The management of problems in pulmonary care
- The management of critically ill patients in special care units

Types of Anesthesia

□ **There are four broad categories of anesthesia that can be used:**

□ **Local Anesthesia**
  - **Is the term used when injections of local anesthetic drugs are used to block sensation to a very small and specific area of the body. This usually involves the injections of anesthetic drug with a needle. There are other ways of delivering local anesthetic drugs- injection is still the most common method of delivery. It works by blocking nerve impulses. When the nerve is blocked it cannot conduct an impulse and therefore no sensation can be transmitted.**

Type of Anesthesia

□ Regional Anesthesia
  - Regional anesthesia involves the injection of local anesthetic drugs in such a way that a large number of nerves are blocked. This results in a large region of the body without sensation. It is similar to local anesthesia but has a larger effect. (example: Epidurals for delivery)

Types of Anesthesia

- MAC/Sedation
  - Can be accomplished with a variety of medications. Most of the time, they are given through an intravenous line directly into the bloodstream. It is like a general on a smaller level. Patient can usually answer questions and follow direction given by the provider.

Types of Anesthesia

- General
  - Renders the patient unconscious and unable to respond to touch or questions.

Types of Anesthesia Providers

- **Anesthesiologist**
- **Certified Register Nurse Anesthetist (CRNA)**
  - Must accept assignment
  - May work without the oversight of an anesthesiologist
  - **Anesthesiologist's Assistant**
  - Must accept assignment
  - May not work without the oversight of the anesthesiologist
  - **Resident**
  - *Never bill for*
  - **Student registered nurse anesthetist**

Code Sets

- Procedural coding
  - CPT®   more than 60,000 codes
  - ASA RVG (Relative Value Guide) (adopted by Medicare in 1987) about 300 codes
  - Anesthesia Crosswalk
  - Cross walks CPT® codes to Anesthesia codes
  - HIPAA requires the use of CPT® as the code set
    - Which part
      - **Anesthesia**
      - **Surgery**

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How Does Anesthesia Get Paid?

- Base Units
- + Time Units
- + Modifying Units

National Anesthesia Conversion Factor

- For Virginia 2010
- $20.99 per unit   for Par Physician
- $19.80 per unit   for Non Par Physician
- Effective June 1, 2010

Base Units

- Sources
  - ASA Relative Value Guide
  - ASA Crosswalk
  - Others
  - Bill only the highest base unit procedure
  - Medicare Base units can be different than ASA RVG; you should know what the base units are for Medicare in your area because sometimes the base unit will be higher than the ASA RVG.

Covered under the Base Units

- A basic value is listed for anesthetic management of most surgical procedures. This includes the value for all usual anesthesia services except the time actually spent in anesthesia care and any modifiers. The usual anesthesia services included in the Basic Value include the usual pre-operative and post-operative visits, the administration of fluids and/or blood products incident to the anesthesia care and interpretation of non-invasive monitoring (ECG, temperature, blood pressure, etc.). Place of arterial, central venous and pulmonary artery catheters and use of transesophageal echocardiography (TEE) *__are not__* included in the basic unit values.

Start Time

Per Medicare Anesthesia Manual

- □ "Anesthesia time begins when the anesthesiologist starts to prepare the patient for the procedure. Normally, this service takes place in the operating room, but in some cases, preparation may begin in another location (i.e., holding area). Anesthesia time is a continuous time period from the start of anesthesia to the end of an anesthesia service."

Start Time (Cont)

- □ When the anesthesiologist starts preparing the patient for induction or when the patient is under the care of an anesthesia provider
  - ◼ Present, refers to the anesthesia provider being in constant contact with the patient

Start Time (Cont)

- Show an action on the anesthesia record indicating time
- Must show documentation of activity on the anesthesia record
  - Vital sign
  - Procedure

Start Time (Cont)

- The time on the anesthesia record and the time that is billed should match
- The time on the doctor's claim and the CRNA claim should match

Anesthesia Time

- You need to remember that if there is a break in the anesthesia time you can not bill for that time
- Anesthesia provider can add blocks of time around an interruption in anesthesia time as long as he is furnishing continuous anesthesia care within the time periods around the interruptions

Time Units

- Never round times
- Time increments
  - Medicare-fifteen minute units
    - Paid at one-tenth of a minute increment
      - Commercial insurance- other specified time units
        - Ten, fifteen or twelve
        - Why use different units?
        - Usually paid in whole units. Rounded to the next unit

Stop Time

- When the patient can be safely turned over to a non-anesthesia provider
  - Never happens in the operating room

Discontinuous Time

- Use when anesthesia is stopped

  e.g. Surgeon is delayed

- From Medicare Manual: "For services on or after Jan. 01, 2000, the anesthesia provider can add blocks of time around an interruption in anesthesia time, as long as the anesthesia provider is furnishing continuous anesthesia care within the time periods around the interruption."

How to Document Discontinuous Time

- Your anesthesia record should clearly show when anesthesia time starts and stops. Your total time billed should match the time blocks documented on the anesthesia record.
- DON'T USE DISCONTINUOUS FOR:
  - Relief issues
  - Broken medical direction, or when an anesthesiologist must leave in the middle of a case

Unusual Time Situations

- Extended Care
- Relief
  - The anesthesia provider with the longest time is the provider who will bill for the services.
  - Example: Dr. A starts at 9:03 and Dr. B starts at 10:13 and stop time is 13:16, Dr. B would bill for the entire time 9:03 - 13:16 as he was the doctor with the longest time on the case.

Modifier Types

- Physical status
  - Most insurance
  - P1= normal healthy patient = 0 units
  - P2 patient with mild systemic disease = 0 units
  - P3 = patient with severe systemic disease =1 unit
  - P4 = pt. w/severe systemic that is a constant threat to life = 2 units
  - P5 = a moribund pt who is not expected to survive without the operation = 3 units
  - P6 = declared brain-dead pt whose organs are being removed for donor purposes
  - **Medicare**
    - **No additional units paid**

Modifier Types (Cont)

- Age = 99100 =1 unit
- Emergency = 99140= 2 units
- Hypotension = 99315 = 5 units
- Hypothermia = 99116 = 5 units
- Field avoidance = 2 units up to five base units total (May have to add a modifier like 22 for some insurance companies)
- Unusual position = 2 units up to five base
- **Medicare**
  - **Not paid**

Modifiers (Cont)
Anesthesia Modifiers Used

- AA – Anesthesia services performed by anesthesiologist
- QY – Medical direction of one CRNA by an anesthesiologist
- QK – Medical direction of two, three, or four concurrent anesthesia procedures
- AD – Medical supervision by a physician, more than four concurrent anesthesia procedures

Modifier (Cont)
For Services by the CRNA

- QX – CRNA service with medical direction by a physician
- QZ – CRNA service without medical direction by a physician
- MONITORED ANESTHESIA CARE (MAC)
  - G8 – MAC for deep complex, complicated or markedly invasive surgical procedure
  - QS – Monitored anesthesia care services
    - **USE G8 & QS MODIFERS IN ADDITION TO THE ANESTHESIA MODIFIERS (EXAMPLE: AA QS G8)**
    YOU CAN ALSO APPEND A MODIFER G9 FOR PT WITH A HISTORY OF SEVERE CARDIOPULMONARY CONDITION (THIS WOULD JUSTIFY THE PRESENCE OF THE ANESTHESIOLOGIST IN A MAC CASE THAT MIGHT NOT NORMALLY QUALIFY FOR COVERAGE.

Modifiers (Cont)

- 59 – Used when anesthesiologist does other procedure along with providing anesthesia. (i.e. TEE (transesophageal echocardiography)
- 26 – As they do not own the equipment used
- 73 – Out patient procedure discontinued prior to anesthesia administration. NOTE: Elective cancellation of a service prior to administration of anesthesia should not be reported. Physician reporting discontinued procedure see modifier 53
- 74 – Out patient procedure discontinued after the administration of anesthesia. (Local, Regional Block or General)

Patients Who Have Received Anesthesia Care Must Receive Post-anesthesia Management

- All patients who receive anesthesia care shall be admitted to PACU or its equivalent except by specific order of the anesthesiologist responsible for the patient's care.
- **A PATIENT TRANSPORTED TO THE PACU SHALL BE ACCOMPANIED BY A MEMBER OF THE ANESTHESIA CARE TEAM.**

Upon Arrival in the PACU, the Patient Shall be Re-evaluated

And a Verbal Report Provided to the Responsible PACU Nurse by the Member of the Anesthesia Care Team Who Accompanies the patient

The patient's status on arrival in the PACU shall be documented

Information concerning the pre and intra-operative course shall be transmitted

The member of the anesthesia care team shall remain in the PACU until the PACU nurse accepts responsibility for the nursing care of the patient

Summary

- ☐ Know what is being billed
- ☐ Know your insurance companies and how they want to be billed
  - ■ Base Units
  - ■ Time Units
  - ■ Modifying Units

Anesthesia Resources

- Anesthesia Crosswalk
- ASA Relative Value Guide
- CPT®- Level I
- HCPCS – Level II
- The Coding Institute: Anesthesia & Pain Management Coding Alert

WEBSITES FOR ANESTHESIA

- http://www.trailbalzerhealth.com/medicare.aspx CMS Anesthesia Manual
- www.ASAhq.org Crosswalk and RVG from the American Society of Anesthesiologists
- http://www.codinginstitute.com/spec_anesthesia.html Anesthesia and Pain Management Coding Alert
- http://www.anesthesia-decisions.com Anesthesia & Pain Coder's Pink Sheet From DecisionHealth

THANK YOU

I hope you have learned a little about the world of anesthesia and how to bill for the anesthesiologists' services

QUESTIONS?