Anesthesia

Reimbursement Policy ID: RPC.0028.2100

Recent review date: 02/2025

Next review date: 12/2025

AmeriHealth Caritas Louisiana reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Louisiana may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all healthcare services billed on a CMS-1500 form or its electronic equivalent, and, when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses reimbursement of anesthesia services that are an integral part of procedural services.

Exceptions

N/A

Reimbursement Guidelines

Anesthesia services must be submitted with at least one CPT anesthesia code in the range 00100-01999. These codes are reimbursed based on time units using the Louisiana Medicaid anesthesia formula. Coverage for surgical anesthesia procedures must be based on formulas utilizing base units, time units (1 unit = 15 min) and a conversion factor as identified in the anesthesia fee schedule. Minutes must be reported on anesthesia claims.

Anesthesia – Maternity

Reimbursement for maternity-related procedures, other than general anesthesia for vaginal delivery, shall be a flat fee. Anesthesia reimbursement for tubal ligations and hysterectomies is formula-based, except for anesthesia for cesarean hysterectomy (CPT code 01969). The reimbursement for CPT codes 01967 and 01969, when billed together, is a flat fee. CPT code 01968 is implied in CPT code 01969 and should not be placed on the claim form if a cesarean hysterectomy was performed after C-section delivery.

The QS modifier is a secondary modifier only and must be paired with the appropriate anesthesia modifier (either the anesthesiologist or the CRNA. The QS modifier indicates that the provider did not introduce the epidural for anesthesia but did monitor the member after catheter placement.

Anesthesia – Dental

To receive the additional reimbursement, modifier -23 must be appended to the anesthesia CPT code 00170 in addition to other appropriate anesthesia modifiers when a dental procedure is performed. The general anesthesia reimbursement formula has been revised to calculate the additional reimbursement. The additional reimbursement will be applied after all other calculations take place.

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.

Required Anesthesia Modifiers	Provider Type
AA	Anesthesiologist physician, personally performed
AD	Anesthesiologist physician, supervising over 4
QK	Anesthesiologist physician, supervising 2 — 4
QS	CRNA* or AA* directed by anesthesiologist physician
QX	Anesthesiologist physician, supervising 1
QY	CRNA, personally performed
QZ	Anesthesiologist physician, personally performed
47	Anesthesia by the surgeon
52	Delivering physician or anesthesiologist, reduced services

Base Values

Each CPT anesthesia code (00100-01999) is assigned a base value by the American Society of Anesthesiologist, and AmeriHealth Caritas Louisiana uses these values for determining reimbursement. The base value for each code is comprised of units referred to as the base unit value. Coverage for surgical anesthesia procedures is based on formulas utilizing base units, time units (1 unit = 15 min) and a conversion factor as identified in the Anesthesia Fee Schedules. Minutes must be reported on anesthesia claims.

Time Reporting

Consistent with CMS guidelines, AmeriHealth Caritas Louisiana requires time-based anesthesia services be reported with actual anesthesia time in one-minute increments. For example, if the anesthesia time is one hour, then 60 minutes should be submitted. Post-surgical pain blocks are frequently placed before anesthesia induction or after anesthesia emergence. When the pain block is placed before induction or after emergence, the time spent placing the pain block may not be added to the reported anesthesia time; this is true even if sedation and monitoring is provided to the member during pain block placement.

AmeriHealth Caritas Louisiana reimburses covered services based on the provider's contractual rates with the plan and the terms of reimbursement identified within this policy.

Definitions

N/A

Edit Sources

I.   Current Procedural Terminology (CPT) and associated publications and services.
II.   Healthcare Common Procedure Coding System (HCPCS).
III. American Society of Anesthesiologists Relative Value Guide (ASA-RVG).
IV.   Louisiana Medicaid MCO Manual.
V.   AmeriHealth Caritas Louisiana Provider Claim Filing Instructions.

Attachments

N/A

Associated Policies

N/A

Policy History

06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
02/2025	Reimbursement Policy Committee Approval
11/2024	Annual Review • No major changes
04/2024	Revised preamble
03/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas Louisiana from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section
	Precedes Act 319