Subject:	Anesthesia Services		
Policy Number:	PO-RE-095v1		
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I.   Policy Description

Healthfirst Anesthesia policy is developed in part using the Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual, CMS NCCI edits and the CMS Regional Physician Fee Schedule, American Society of Anesthesiologists guidelines, and its own medical policies regarding the coding of claims.

These services may include, but are not limited to, general or regional anesthesia, monitored anesthesia care, or other services to provide the patient the medical care deemed optimal. All services described in this policy may be subject to additional Healthfirst reimbursement policies.

This reimbursement policy applies to services reported on the CMS 1500 Health Insurance Claim Form of Electronic (EDI) HIPAA 5050 compliant 837P format claim submission. Anesthesia services must be submitted with a CPT anesthesia code in the range of 00100-01999, 99100-99140, 99151-99157, and G0500 and are reimbursed as time-based using the appropriate Standard Anesthesia Formula.

The information below applies to the following lines of business.

- Child Health Plus
- Small/Individual Group (Commercial Plan)
- Essential Plan
- Medicaid Managed Care
- Medicare PPO
- Integrated Benefits Dual Connection Plan

- Health & Recovery Plan (HARP)
- Medicare Advantage

- Medicaid Advantage Plus/MAP (Complete Care)
- Qualified Health Plan (QHP)
- Managed Long Term Care Partial Capitation Plan (MLTCP)
- Senior Health Plan (SHP)- Coverage based on benefit plan.

Billing Guidelines:

1. Anesthesia providers may submit claims for processing with billed service codes 00100 – 01999, 99100–99140, 99151-99157, and G0500 and the appropriate anesthesia modifier in the first modifier field.

2. All anesthesia claims with billed service codes 00100–01999 require a complete start and end time (i.e., begin 8:50 am; end 9:05 am) or duration in minutes (i.e., 15 minutes). Billed units consist of 15 minutes increments.
   a. NOTE: Providers may bill time in military format.

Minutes	Units
1-15 minutes	1 Unit
16-30 minutes	2 Units
31-45 minutes	3 Units
46-60 minutes	4 Units

Minutes converted to units will be calculated based on the American Society of Anesthesiologists with the standard formula

3. Anesthesia CPT codes will be reimbursed based on the applicable fee schedule for anesthesia units. Payment will be modified based on the application of the appropriate anesthesia modifier.

Modifiers

Modifier	Description
AA	Anesthesia services personally performed by anesthesiologist.
QK	Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals.
QS	Monitored anesthesia care.
QY	Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist.
QX	CRNA service with medical direction by physician.
QZ	CRNA service without medical direction by physician.

Reimbursement Formula

Reimbursement Formula:	
Base Value	Each CPT anesthesia code is assigned a Base Value. ***Healthfirst follows the ASA (American Society of Anesthesiologists) Anesthesia Base Unit Factors by CPT code.**
Time Reporting	Consistent with CMS guidelines, Healthfirst requires actual anesthesia time in minutes reported on the claim. Please refer to: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

Standard Anesthesia Calculation:
(ASA Base Unit Value + Time) x Anesthesia Conversion Factor = Allowance

Adjudication and Appeal Process

1. If Healthfirst determines that the applicable electronic or paper claim is missing a modifier and/or the anesthesia time on the claim, Healthfirst will reject or deny the claim.

2. Rejected or denied claims must be resubmitted with the appropriate modifier and anesthesia time. Claim resubmissions will be subject to Healthfirst timely filing requirements, as set forth in the provider contract with Healthfirst and in the **Healthfirst Provider Manual.** *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section*.

II. Applicable Codes

Code	Description	Comment
00100	Anesthesia for procedures on salivary glands, including biopsy	
00102	Anesthesia for procedures involving plastic repair of cleft lip	
00103	Anesthesia for reconstructive procedures of eyelid (e.g., blepharoplasty, ptosis surgery)	
00104	Anesthesia for electroconvulsive therapy	
00120	Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified	
00124	Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy	
00126	Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy	
00140	Anesthesia for procedures on eye; not otherwise specified	
00142	Anesthesia for procedures on eye; lens surgery	
00144	Anesthesia for procedures on eye; corneal transplant	
00145	Anesthesia for procedures on eye; vitreoretinal surgery	
00147	Anesthesia for procedures on eye; iridectomy	
00148	Anesthesia for procedures on eye; ophthalmoscopy	
00160	Anesthesia for procedures on nose and accessory sinuses; not otherwise specified	
00162	Anesthesia for procedures on nose and accessory sinuses; radical surgery	
00164	Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue	
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified	

00172	Anesthesia for intraoral procedures, including biopsy; repair of cleft palate	
00174	Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor	
00176	Anesthesia for intraoral procedures, including biopsy; radical surgery	
00190	Anesthesia for procedures on facial bones or skull; not otherwise specified	
00192	Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)	
00210	Anesthesia for intracranial procedures; not otherwise specified	
00211	Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma	
00212	Anesthesia for intracranial procedures; subdural taps	
00214	Anesthesia for intracranial procedures; burr holes, including ventriculography	
00215	Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound)	
00216	Anesthesia for intracranial procedures; vascular procedures	
00218	Anesthesia for intracranial procedures; procedures in sitting position	
00220	Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures	
00222	Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve	
00300	Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified	
00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	
00322	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid	
00326	Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age	
00350	Anesthesia for procedures on major vessels of neck; not otherwise specified	
00352	Anesthesia for procedures on major vessels of neck; simple ligation	
00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified	
00402	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (e.g., reduction or augmentation mammoplasty, muscle flaps)	
00404	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast	

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00406	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast with internal mammary node dissection	
00410	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias	
00450	Anesthesia for procedures on clavicle and scapula; not otherwise specified	
00454	Anesthesia for procedures on clavicle and scapula; biopsy of clavicle	
00470	Anesthesia for partial rib resection; not otherwise specified	
00472	Anesthesia for partial rib resection; thoracoplasty (any type)	
00500	Anesthesia for all procedures on esophagus	
00520	Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified	
00522	Anesthesia for closed chest procedures; needle biopsy of pleura	
00524	Anesthesia for closed chest procedures; pneumocentesis	
00528	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing 1 lung ventilation	
00529	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung ventilation	
00530	Anesthesia for permanent transvenous pacemaker insertion	
00532	Anesthesia for access to central venous circulation	
00534	Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator	
00537	Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation	
00539	Anesthesia for tracheobronchial reconstruction	
00540	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified	
00541	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing 1 lung ventilation	
00542	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication	
00546	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty	
00548	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi	
00550	Anesthesia for sternal debridement	
00560	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator	
00561	Anesthesia for procedures on heart, pericardial sac, and great	

	vessels of chest; with pump oxygenator, younger than 1 year of age	
00562	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, age 1 year or older, for all noncoronary bypass procedures (e.g., valve procedures) or for re-operation for coronary bypass more than 1 month after original operation	
00563	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest	
00566	Anesthesia for direct coronary artery bypass grafting; without pump oxygenator	
00567	Anesthesia for direct coronary artery bypass grafting; with pump oxygenator	
00580	Anesthesia for heart transplant or heart/lung transplant	
00600	Anesthesia for procedures on cervical spine and cord; not otherwise specified	
00604	Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position	
00620	Anesthesia for procedures on thoracic spine and cord, not otherwise specified	
00625	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing 1 lung ventilation	
00626	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing 1 lung ventilation	
00630	Anesthesia for procedures in lumbar region; not otherwise specified	
00632	Anesthesia for procedures in lumbar region; lumbar sympathectomy	
00635	Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture	
00640	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine	
00670	Anesthesia for extensive spine and spinal cord procedures (e.g., spinal instrumentation or vascular procedures)	
00700	Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified	
00702	Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy	
00730	Anesthesia for procedures on upper posterior abdominal wall	
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	
00750	Anesthesia for hernia repairs in upper abdomen; not otherwise specified	

00752	Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence	
00754	Anesthesia for hernia repairs in upper abdomen; omphalocele	
00756	Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia	
00770	Anesthesia for all procedures on major abdominal blood vessels	
00790	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified	
00792	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy)	
00794	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (e.g., Whipple procedure)	
00796	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient)	
00797	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity	
00800	Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified	
00802	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy	
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	
00820	Anesthesia for procedures on lower posterior abdominal wall	
00830	Anesthesia for hernia repairs in lower abdomen; not otherwise specified	
00832	Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias	
00834	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age	
00836	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants younger than 37 weeks gestational age at birth and younger than 50 weeks gestational age at time of surgery	
00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified	
00842	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis	
00844	Anesthesia for intraperitoneal procedures in lower abdomen	

	including laparoscopy; abdominoperineal resection	
00846	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy	
00848	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration	
00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	
00860	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified	
00862	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper one-third of ureter, or donor nephrectomy	
00864	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy	
00865	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic)	
00866	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy	
00868	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient)	
00870	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy	
00872	Anesthesia for lithotripsy, extracorporeal shock wave; with water bath	
00873	Anesthesia for lithotripsy, extracorporeal shock wave; without water bath	
00880	Anesthesia for procedures on major lower abdominal vessels; not otherwise specified	
00882	Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation	
00902	Anesthesia for; anorectal procedure	
00904	Anesthesia for; radical perineal procedure	
00906	Anesthesia for; vulvectomy	
00908	Anesthesia for; perineal prostatectomy	
00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified	
00912	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of bladder tumor(s)	
00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate	
00916	Anesthesia for transurethral procedures (including urethrocystoscopy); post-transurethral resection bleeding	
00918	Anesthesia for transurethral procedures (including urethrocystoscopy); with fragmentation, manipulation and/or removal of ureteral calculus	
00920	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified	

00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral	
00922	Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles	
00924	Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral	
00926	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal	
00928	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal	
00930	Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral	
00932	Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis	
00934	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy	
00936	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy	
00938	Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach)	
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	
00942	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures	
00944	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy	
00948	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage	
00950	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy	
00952	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography	
01112	Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest	
01120	Anesthesia for procedures on bony pelvis	
01130	Anesthesia for body cast application or revision	
01140	Anesthesia for interpelviabdominal (hindquarter) amputation	
01150	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation	
01160	Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint	
01170	Anesthesia for open procedures involving symphysis pubis or sacroiliac joint	

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01173	Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum	
01200	Anesthesia for all closed procedures involving hip joint	
01202	Anesthesia for arthroscopic procedures of hip joint	
01210	Anesthesia for open procedures involving hip joint; not otherwise specified	
01212	Anesthesia for open procedures involving hip joint; hip disarticulation	
01214	Anesthesia for open procedures involving hip joint; total hip arthroplasty	
01215	Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty	
01220	Anesthesia for all closed procedures involving upper two-thirds of femur	
01230	Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified	
01232	Anesthesia for open procedures involving upper two-thirds of femur; amputation	
01234	Anesthesia for open procedures involving upper two-thirds of femur; radical resection	
01250	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg	
01260	Anesthesia for all procedures involving veins of upper leg, including exploration	
01270	Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified	
01272	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation	
01274	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy	
01320	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area	
01340	Anesthesia for all closed procedures on lower one-third of femur	
01360	Anesthesia for all open procedures on lower one-third of femur	
01380	Anesthesia for all closed procedures on knee joint	
01382	Anesthesia for diagnostic arthroscopic procedures of knee joint	
01390	Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella	
01392	Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella	
01400	Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified	
01402	Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty	
01404	Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee	
01420	Anesthesia for all cast applications, removal, or repair involving knee joint	

01430	Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified	
01432	Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula	
01440	Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified	
01442	Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft	
01444	Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm	
01462	Anesthesia for all closed procedures on lower leg, ankle, and foot	
01464	Anesthesia for arthroscopic procedures of ankle and/or foot	
01470	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified	
01472	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft	
01474	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (e.g., Strayer procedure)	
01480	Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified	
01482	Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation)	
01484	Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula	
01486	Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement	
01490	Anesthesia for lower leg cast application, removal, or repair	
01500	Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified	
01502	Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter	
01520	Anesthesia for procedures on veins of lower leg; not otherwise specified	
01522	Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter	
01610	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla	
01620	Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint	
01622	Anesthesia for diagnostic arthroscopic procedures of shoulder joint	
01630	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified	
01634	Anesthesia for open or surgical arthroscopic procedures on	

	humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation	
01636	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscapular (forequarter) amputation	
01638	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement	
01650	Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified	
01652	Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm	
01654	Anesthesia for procedures on arteries of shoulder and axilla; bypass graft	
01656	Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft	
01670	Anesthesia for all procedures on veins of shoulder and axilla	
01680	Anesthesia for shoulder cast application, removal or repair, not otherwise specified	
01710	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified	
01712	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open	
01714	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder	
01716	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps	
01730	Anesthesia for all closed procedures on humerus and elbow	
01732	Anesthesia for diagnostic arthroscopic procedures of elbow joint	
01740	Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified	
01742	Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus	
01744	Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus	
01756	Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures	
01758	Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus	
01760	Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement	
01770	Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified	
01772	Anesthesia for procedures on arteries of upper arm and elbow;	

	embolectomy	
01780	Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified	
01782	Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy	
01810	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand	
01820	Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones	
01829	Anesthesia for diagnostic arthroscopic procedures on the wrist	
01830	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified	
01832	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement	
01840	Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified	
01842	Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy	
01844	Anesthesia for vascular shunt, or shunt revision, any type (e.g., dialysis)	
01850	Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified	
01852	Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy	
01860	Anesthesia for forearm, wrist, or hand cast application, removal, or repair	
01916	Anesthesia for diagnostic arteriography/venography	
01920	Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)	
01922	Anesthesia for non-invasive imaging or radiation therapy	
01924	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified	
01925	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; carotid or coronary	
01926	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic	
01930	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified	
01931	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (e.g., transvenous intrahepatic portosystemic shunt[s] [TIPS])	
01932	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to	

	the central circulation); intrathoracic or jugular	
01933	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial	
01937	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic	
01938	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral	
01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic	
01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral	
01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (e.g., kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic	
01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (e.g., kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral	
01951	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4% total body surface area	
01952	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between 4% and 9% of total body surface area	
01953	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional 9% total body surface area or part thereof (List separately in addition to code for primary procedure)	
01958	Anesthesia for external cephalic version procedure	
01960	Anesthesia for vaginal delivery only	
01961	Anesthesia for cesarean delivery only	
01962	Anesthesia for urgent hysterectomy following delivery	
01963	Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care	
01965	Anesthesia for incomplete or missed abortion procedures	
01966	Anesthesia for induced abortion procedures	
01967	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)	
01968	Anesthesia for cesarean delivery following neuraxial labor	

	analgesia/anesthesia (List separately in addition to code for primary procedure performed)	
01969	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	
01990	Physiological support for harvesting of organ(s) from brain-dead patient	
01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); other than the prone position	
01992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position	
01996	Daily hospital management of epidural or subarachnoid continuous drug administration	
01999	Unlisted anesthesia procedure(s)	
99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)	Bundled
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)	Bundled
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)	Bundled
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)	
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient younger than 5 years of age	
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient aged 5 years or older	
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service	

	time (List separately in addition to code for primary service)	
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intra-service time, patient younger than 5 years of age	
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intra-service time, patient aged 5 years or older	
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intra-service time (List separately in addition to code for primary service)	
G9654	Monitored anesthesia care (MAC)	
G9655	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	
G9656	Patient transferred directly from anesthetizing location to PACU or other non-ICU location	
G9658	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	

III.   Definitions

Term	Meaning
ASA	The American Society of Anesthesiologists
Base Value	Each CPT anesthesia code is assigned a Base Value. 1. Healthfirst follow ASA Anesthesia Base Factor Unit by CPT code.
CMS	Centers for Medicare and Medicaid Services
Time Reporting	Consistent with CMS guidelines, Healthfirst require actual anesthesia time in minutes reported on the claim.

IV.   Related Policies

Policy Number	Policy Description
N/A	N/A

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r2716cp.pdf
https://www.cms.gov/medicare/payment/fee-schedules/physician/anesthesiologists-center
Palmetto GBA Anesthesia: Base and Time Units - How to Calculate
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice.

However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.