GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Paramount considers anesthesia HCPCS/CPT codes include all services integral to the anesthesia procedure such as preparation, monitoring, intra-operative care, and post-operative care until the patient is released by the anesthesia practitioner to the care of another physician.

Global reimbursement for the anesthesia service provided includes all procedures integral to the successful administration of anesthesia, from the initial pre-anesthesia evaluation through the time when the anesthesiologist or other qualified health care professional in the same anesthesia provider group is no longer in personal attendance. Examples of integral services include, but are not limited to, the following:

- Transporting, positioning, prepping, draping of the patient for satisfactory anesthesia induction/surgical procedures.
- Placement of external devices including, but not limited to, those for cardiac monitoring, oximetry, capnography, temperature monitoring, EEG, CNS evoked responses (e.g., BSER), Doppler flow.
- Placement of peripheral intravenous lines for fluid and medication administration.
- Placement of airway (e.g., endotracheal tube, orotracheal tube).
- Laryngoscopy (direct or endoscopic) for placement of airway (e.g., endotracheal tube).
- Placement of naso-gastric or oro-gastric tube.
- Intra-operative interpretation of monitored functions (e.g., blood pressure, heart rate, respirations, oximetry, capnography, temperature, EEG, BSER, Doppler flow, CNS pressure).
- Interpretation of laboratory determinations (e.g., arterial blood gases such as pH, pO2, pCO2, bicarbonate, CBC, blood chemistries, lactate) by the anesthesiologist/CRNA.
- Nerve stimulation for determination of level of paralysis or localization of nerve(s). (Codes for EMG services are for diagnostic purposes for nerve dysfunction. To report these codes a complete diagnostic report must be present in the medical record.)
- Insertion of urinary bladder catheter.
- Blood sample procurement through existing lines or requiring venipuncture or arterial puncture.

POLICY
Paramount follows CMS global component reimbursement for anesthesia service.

HMO, PPO, Individual Marketplace, Elite, Advantage
Services and corresponding codes that Paramount considers to be included in global component reimbursement for the anesthesia service and are not eligible for separate reimbursement (not an all-inclusive list):

- One-day preoperative evaluation and management (E/M) services and 10-day postoperative E/M services. The 10-day postoperative period includes any E/M services that are a follow-up to the general anesthesia service, as well as any E/M services related to postoperative pain management for the surgical episode. The 10-day postoperative period will apply to the anesthesiologist or other qualified health care professional who performed the general anesthesia, or to other providers in the same anesthesia provider group. Nerve block injections (for pain management) will be eligible for separate reimbursement.
- Placement of endotracheal and naso-gastric tubes (31500, 43753, 43754)
- Laryngoscopy and bronchoscopy procedures (31505, 31515, 31527, 31622, 31645)
- Placement and interpretation of any non-invasive monitoring, which may include ECG testing (93000-93010, 93040-93042), monitoring of temperature/blood pressure/pulse oximetry (CPT 94760-94761), carbon dioxide, expired gas determination by infrared analyzer/capnography (CPT 94770) and mass spectrometry, and vital capacity (94150)
- Venipuncture and transfusion (36400-36440)
- Inhalation treatments (94640)
• Placement of peripheral intravenous lines and administration of fluids, anesthetic or other medications through a needle or tube inserted into a vein (36000, 96360-96361, 96365-96372)
• Echocardiography (93303, 93304, 93307, 93308)
• Electroencephalogram (EEG) (95812, 95813, and 95955)
• Daily hospital management of patient controlled analgesia (when a patient controls the amount of analgesia he or she receives)

REVISION HISTORY EXPLANATION
02/09/16: Policy created to reflect most current clinical evidence per Medical Policy Steering Committee.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.