



ANESTHESIA SERVICES

This chapter covers services provided by a physician or an advanced registered nurse who is licensed as a certified registered nurse anesthetist (CRNA), trained in the administration of anesthetics and in the provision of respiratory and cardiovascular support during anesthetic procedures and are enrolled with North Dakota (ND) Medicaid.

COVERED SERVICES

ND Medicaid will pay an anesthesiologist for the supervision of a CRNA.

ND Medicaid pays for anesthesia services personally furnished by a physician or CRNA only if the anesthesiologist or CRNA:

- Performs a pre-anesthetic examination and evaluation;
- Prescribes the anesthesia plan;
- Personally participates in the most demanding procedures in the anesthesia plan, including induction and emergence;
- Ensures that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified individual;
- Monitors the course of anesthesia administration at frequent intervals;
- Remains physically present and available for immediate diagnosis and treatment of emergencies;
- Provides indicated post-anesthesia care; and
- Complies with federal requirements when performing sterilization procedures.

OTHER ANESTHESIA SERVICES

Pre-anesthetic Evaluations and Post-operative Visits: Medicaid uses the CMS list of base values adopted from the relative base values established by the American Society of Anesthesiology. The base value for anesthesia services includes usual pre-operative

and post-operative visits. No separate payment is allowed for the pre-anesthetic evaluation regardless of when it occurs unless the member is not induced with anesthesia because of a cancellation of the surgery.

Patient Controlled Analgesia (PCA) used to control a patient's pain with continuous infusion of pain medication facilitated by an infusion pump is a billable service. Placement of an intrathecal or epidural catheter is paid separately. The correct unmodified CPT surgical code must be used to bill the catheter placement.

Medically necessary pain management must be conducted face to face and is limited to one service per day. The appropriate CPT/HCPCS code must be used when billing for this service.

Epidural Analgesia for Vaginal or Cesarean Section is used to provide continuous epidural analgesia for labor and vaginal or cesarean delivery. The CPT code that describes this service includes the placement of the epidural catheter. The number of minutes that the provider is physically present with the member must be recorded in the unit's box.

Effective for dates of service on and after July 1, 2016 reimbursement for CPT 01967 will be capped at a maximum of 75 minutes.

Conscious Sedation, used to achieve a medically controlled state of depressed consciousness, is not a billable service. The cost of conscious sedation is included in the fee for the procedure.

Special Services, such as insertion of Swan-Ganz catheters, placement of central venous lines and arterial lines, and performed by an anesthesiologist or independent CRNA are billable services. These services must be billed as a surgical procedure with no time unit recorded using the appropriate unmodified CPT codes that describe the service.

BILLING GUIDELINES

Providers must bill for services using the North Dakota Web Portal using the electronic claims submission web pages or Electronic Data Exchange transaction. The claim must include a valid National Provider Identification number (NPI) and taxonomy code for all providers identified on the claim.

ND Medicaid uses the specific CPT/HCPCS anesthesia codes with the appropriate modifier for anesthesia services.

The provider must:

- Submit the exact number of minutes from the preparation of the patient for induction to the time when the physician or the anesthetist is no longer in personal attendance or continues to be required.
- Identify the exact nature of the services being provided with one of the following modifiers:
 - AA = Anesthesia services performed personally by anesthesiologist. (This modifier should be used only when the physician is involved on a full-time basis in the administration of anesthesia to one patient, with or without the assistance of an anesthetist).
 - QK = Medical direction by a physician of two, three, or four concurrent anesthesia procedures.
 - AD = Medical supervision by a physician: more than four concurrent anesthesia procedures.
 - QY= CRNA service with medical direction by an anesthesiologist.
 - QX= CRNA services with medical direction by a physician.
 - QZ = CRNA services without medical direction by a physician.

Use the modifiers listed above for all claims submitted.