

ANESTHESIA SERVICES

ND Medicaid covers services provided by enrolled anesthesiologists or licensed certified registered nurse anesthetists (CRNA).

COVERED SERVICES

Anesthesia services personally furnished by an anesthesiologist or CRNA 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 a qualified individual performs any procedures in the anesthesia plan that they do not perform;
- Monitors the course of anesthetic administration at frequent intervals;
- Remains physically present and available for immediate evaluation and treatment of emergencies;
- Provides indicated post-anesthesia care; and
- Complies with federal requirements when administering an anesthetic during sterilization procedures.

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

OTHER ANESTHESIA SERVICES

Pre-anesthetic Evaluations and Post-operative Visits: ND Medicaid reimbursement for anesthesia services includes pre- 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. If an anesthetic is not administered due to a surgery cancellation, the anesthesiologist or CRNA may bill an Evaluation and Management (E/M) CPT code that demonstrates the level of service performed. No separate payment is allowed for the post-operative visit.

Intrathecal and Epidural Catheter: Placement of an intrathecal or epidural catheter is paid separately. The correct unmodified CPT surgical code must be used to bill the catheter placement.

Pain Management: 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 Anesthesia for Vaginal or Cesarean Section: 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 anesthesiologist or CRNA is physically present with the member must be recorded in the unit's box. ND Medicaid payment for CPT 01967 will be capped at a maximum of 75 minutes.

Moderate (Conscious) Sedation: Moderate conscious sedation procedure codes are eligible for separate reimbursement, in accordance with current CPT and NCCI coding guidelines. Moderate conscious sedation codes are time-based procedure codes. Time must be clearly documented to support the reported codes and units. Moderate conscious sedation does not include minimal sedation (anxiolysis), deep sedation, or monitored anesthesia care, these procedures should be reported under 00100-01999.

BILLING GUIDELINES

ND Medicaid requires the use of specific CPT/HCPCS anesthesia codes with the appropriate modifier for anesthesia services.

- The claim must include the exact number of minutes beginning when the anesthesiologist or CRNA prepares the member for induction and ending when the anesthesiologist or CRNA is no longer in personal attendance and the patient can be safely placed under postoperative supervision.
- Qualifying Circumstances for Anesthesia (99100-99140) are considered bundled and will not be separately reimbursed.
- The CPT/HCPCS code must be accompanied by one of the following modifiers:
 - AA = Anesthesia services performed personally by anesthesiologist. (This modifier should be used only when the anesthesiologist is involved on a full-time basis in the administration of anesthetic to one patient, with or without the assistance of a CRNA).
 - AD = Medical supervision by a physician: more than four concurrent anesthesia procedures.
 - QK = Medical direction by a physician of two, three, or four concurrent anesthesia procedures.
 - QX = CRNA services with medical direction by a physician.
 - QY = Medical direction of one qualified non-physician anesthetist by an anesthesiologist.
 - QZ = CRNA services without medical direction by a physician.