

Anesthesia Single Line Billing Effective 4/20/2012

Alaska Medicaid's transition to standard **single line** anesthesia billing will take place 4/20/2012. All electronic and paper claims **processed** on or after 4/20/2012 must use the **single line** billing format.

Anesthesia must be billed using the procedure codes found in the most current edition of the *American Society of Anesthesiologists (ASA) Relative Value Guide*. Each of the ASA procedure codes has a base unit value that will be included in your reimbursement. No physical status modifier or physical status procedure code is allowed. The current reimbursement for each procedure base unit value is \$42.90. The current reimbursement amount for each time unit (one time unit = 10 minutes) is \$36.00 (\$3.60 per minute).

ASA procedure code 01967 (Anesth/analg vag delivery) maximum allowable is 360 minutes per day.

ASA procedure code 01996 (Hosp manage cont drug admin) performed after insertion of an epidural or subarachnoid catheter is allowed once per day. It includes all related services performed on that day, such as the visit, removal or adjustment of the catheter, dose calculation and administration of the drug. This code does not require use of a modifier or reporting of time.

- Do not add anesthesia base value units to the actual time you submit.
- Submit the actual minutes spent providing anesthesia services as the units of service.
- Procedure code 01999 will no longer be acceptable for reporting time.
- Electronic transactions, including Payerpath, require the value "MJ" within the SV103 element to report time in minutes.

Questions? Please contact Provider Inquiry at 907.644.6800, option 1, or 800.770.5650, options 1, 1 (toll-free in state).