



## MEDICAID REIMBURSEMENT POLICY

### Anesthesia

Active

**Section:** Anesthesia Services  
**Policy Number:** 001  
**Effective Date:** 08/05/24

#### Description

This policy addresses coding and reimbursement for anesthesia services reported on a professional (837P) claim.

#### Policy Statement

Blue Cross and Blue Shield and Blue Shield of MN and Blue Plus (Blue Cross) follows the guidelines for Anesthesia Services as published in the Minnesota Health Care Programs (MHCP) Provider Manual, with the exception of rounding. Effective as of 1/1/24, Blue Cross calculates anesthesia time by rounding to the hundredths. Time Units equal the number of minutes from preparation of the patient to the time when the anesthesiologist is no longer in personal attendance or continues to be required. Time Units / 15 is rounded at two decimal places.

#### Documentation Submission

Documentation must identify and describe the services performed. If a denial is appealed, this documentation must be submitted with the appeal.

#### Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.

#### The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.



## Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

**CPT/HCPCS Modifier:** N/A  
**ICD-10 Diagnosis:** N/A  
**ICD-10 Procedure:** N/A  
**CPT/HCPCS:** N/A  
**Revenue Codes:** N/A

## Resources

[Minnesota Health Care Programs \(MHCP\) Provider Manual](#)

## Policy History

05/28/2024	Initial Committee Approval
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