PHC/Medi-Cal Anesthesia Billing Guidelines

Introduction

PHC California is a special needs Medi-Cal managed care plan. This job aid is designed to assist providers in submitting claims for anesthesia services under Medi-Cal. Providers must adhere to these requirements to ensure proper reimbursement and compliance with Medi-Cal regulations. Please note, this job aid includes general anesthesia guidelines and there may be scenarios that are not addressed. For a complete and comprehensive list of guidelines and billing examples, please refer to the Medi-Cal Anesthesia Manual available on the Medi-Cal website.

General Billing Requirements

1. **CPT Codes**

   Anesthesia services (CPT codes 00100 through 01999) are reimbursed when medically necessary. Use the five-digit CPT code applicable to the procedure with the appropriate modifier.

   Refer to the Modifiers: Approved List and the Anesthesia Modifiers Charts in this manual for detailed information.

2. **Time Units**

   Anesthesia is billed in 15-minute increments (i.e. 15 minutes of anesthesia time equals 1 time unit).

   The last anesthesia time increment may be rounded up to a unit if it equals or exceeds five minutes.

   Increments of time less than five minutes are not reimbursable except when the total anesthesia time being billed is less than five minutes

   Note: Providers billing electronically must submit time in minutes, as units will no longer be accepted in the 837P transaction.

3. **Modifiers (Note: All anesthesia claims require a modifier)**
   Modifier P1 must be billed with the appropriate CPT anesthesia code to identify a normal, uncomplicated anesthesia provided by a physician.

   When two or more modifiers are necessary to identify the anesthesia services, use modifier 99 with the appropriate CPT anesthesia code and explain the applicable modifiers in the *Remarks* field/*Additional Claim Information* field of the claim or as an attachment.

   ASA Physical Status Modifiers:
   - a. P3: For a patient with severe systemic disease (e.g., severe essential hypertension or severe chronic obstructive pulmonary disease).

    b.   P4: For a patient with severe systemic disease that is a constant threat to life (e.g., severe chronic congestive heart failure, chronic severe neutropenia, or unstable angina).

    c.   P4 + ET: For a patient in ASA Physical Status Class 4 who requires emergency surgery

    d.   P5 + ET: For a patient who is moribund and not expected to survive without the operation, requiring emergency surgery.

CRNA Modifiers:

    a.   QK: Used by physicians when billing for supervision of a CRNA.

    b.   QX: For CRNA services rendered with direct physician supervision. CRNAs use this modifier with the appropriate five-digit CPT anesthesia code and applicable service modifiers.

    c.   QZ: For CRNA services rendered without direct physician supervision. CRNAs use this modifier with the appropriate five-digit CPT anesthesia code and applicable service modifiers.

    d.   QX or QZ with Additional Modifiers: Used for reimbursement of additional anesthesia patient risk factors or special circumstances. CRNAs must document the patient's condition and ASA Physical Status Rank in the Remarks field or as an attachment to the claim.

4. **Documentation Requirements**

If Billing:

    a.   More than 40 time units:
        i.   An anesthesia report must be attached to the claim, including start, stop, and total times.

    b.   Obstetrical Anesthesia:
        i.   CPT Code 01967: all claims of 20 units or more require an attached anesthesia report with documented "time in attendance."
        ii.   CPT Codes 01958, 01960-01963, 01965, 01966, 01968, 01969: Document start-stop and total times for general anesthesia. For regional or combined anesthesia, document "time in attendance."
        iii.   Add-on codes must be billed in conjunction with the primary anesthesia code.

References

For additional information, visit the Medi-Cal website or refer to the following organizations:

American Academy of Pediatric Dentistry (AAPD)

American Dental Board of Anesthesiology (ADBA)

American Dental Society of Anesthesiology (ADSA)

American Society of Anesthesiologists (ASA)

American Association of Nurse Anesthetists (AANA)

Dental Board of California

National Network for Oral Health Access (NNOHA)

Cochrane Database of Systematic Reviews

National Guideline Clearinghouse (NGC)

US National Library of Medicine National Institutes of Health (NIH)