

Anesthesia

Policy Number: SU0025

Active policy, not scheduled for routine review.

Definition:

Anesthesia is a procedure produced by a number of agents capable of bringing about partial or complete loss of feeling and sensation. The administration may be general, spinal block, or local.

Coverage:

1. Anesthesia is covered when it is administered by an eligible provider (see item 2. below under “Coverage”) and is determined by the Plan to be medically necessary.
2. The following are eligible providers for anesthesia service benefits under the Plan:
 - a. Professional anesthesiologist
 - b. Certified nurse anesthetist
 - c. Obstetrician or his/her designated assistant, such as a qualified anesthesiologist or another obstetrician, providing epidural, spinal, pudendal, or caudal anesthesia during labor or delivery. (The anesthesia reimbursement in this case is not based on time units but coded to surgery for the billed anesthesia procedure.)
3. Anesthesia service is considered to include all services incidental to the anesthesia:
 - a. Pre-and post-operative visits
 - b. Administration of anesthetic
 - c. Fluids and/or blood administered by the anesthesiologist
 - d. Drugs and materials provided by anesthesiologist
 - e. Interpretation of monitoring procedures
4. Benefits for general anesthesia are determined as follows:
 - a. Anesthesia time starts with the beginning of the administration of the anesthesia agent and ends when the anesthesiologist is no longer in personal and continuous attendance (when the patient may be safely placed under customary post-operative supervision).
 - b. Pre-operative, operative, and post-operative anesthesia services are included in the flat charge for general anesthesia, with customary allowances based on the specific procedure base value.
 - c. Reimbursement for general anesthesia is based upon the anesthesia base unit value of the procedure code billed. Time allowances are the only variables.
5. Benefits for anesthesia standby are determined as follows:
 - a. Medical necessity must be documented in the medical record by the operating physician.
 - b. In situations where the operating physician specifically orders the anesthesia standby in the medical record, and the patient's medical condition is of such a critical nature that general or spinal block anesthesia cannot be safely administered, the Plan will provide medical consultation benefits for the local standby provided by an anesthesiologist when that is the service reported.
 - c. Benefits are not available for routine standby or for standby required by hospital or staff rules and regulations during local anesthesia procedures.
6. No additional base value units may be added to the anesthesia base units when any of the following are necessary and are listed on the claim in conjunction with an anesthetic:
 - a. Extracorporeal circulation (open heart surgery when the patient is placed on heart pump bypass)
 - b. Total body hypothermia

- c. Controlled hypothermia
- d. Hyperbaric pressurization
- e. Anesthesia complicated by emergency conditions

Approval Procedures:

Prior approval is not required.

Limitations and Exclusions:

1. No anesthesia benefits are provided for administration of local anesthesia or for anesthesia services performed by the operating surgeon or surgical assistant(s), except as identified in number 2.(c.) under “Coverage” above.
2. Requests for anesthesiologist standby must be documented in the medical records by the operating physician as being medically necessary or no reimbursement will be provided.
3. No extra units are allowed for either the surgeon, assistant surgeon(s), or the anesthesiologist for the following procedures:
 - a. Transfusions
 - b. Intubations
 - c. Electrical conversion of arrhythmia
 - d. Arterial cannulizations
 - e. Other similar procedures
4. When a specified surgical procedure is performed and is not a covered service under the Plan, the anesthesia is not covered.
5. When a surgical procedure that requires prior approval is performed without prior approval, the anesthesia is not covered.

Authority:

G.S. 135-42 (b)

G.S. 108A-70.21(b)

G.S. 135-39.5(18) (statute effective through 6/30/2008 for Predecessor Plan)

G.S. 135-40.6(1)1 (statute effective through 6/30/2008 for Predecessor Plan)

G.S. 135-40.6(5)b (statute effective through 6/30/2008 for Predecessor Plan)

G.S. 135-40.6 (1)e (statute effective through 6/30/2008 for Predecessor Plan)

Complete Review of Policy:

December 1989

March 2005

December 2006

Revised:

December 1993

June 1997

October 1998

December 2002

February 2007

August 2007

December 2008