

ANESTHESIA GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT[®] guidelines and represent additional guidance from the Commission relative to unit values for anesthesia services. To the extent that a conflict may exist between an incorporated portion of the CPT[®], the most recent edition of Relative Value Guide, or the American Society of Anesthesiologists, and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

- A. **CERTIFIED REGISTERED NURSE ANESTHETISTS:** Are reimbursed at 85% of the fee schedule when billed with modifier QZ.
- B. **ANESTHESIA MODIFIERS:** Anesthesia modifiers, which may include physical status and other optional modifiers, may be added to the basic values. Unit values for physical status modifiers are as follows:

	Unit Values
P1 A normal healthy patient	0
P2 A patient with mild systemic disease	0
P3 A patient with severe systemic disease	1
P4 A patient with severe systemic disease that is a constant threat to life	2
P5 A moribund patient who is not expected to survive without the operation	3
P6 A declared brain-dead patient whose organs are being removed for donor purposes	0

- AA Anesthesia services personally performed by an anesthesiologist are reimbursed at 100% of the lesser of billed charges or the fee schedule calculation.
- AD Medical supervision by a physician: more than four (4) concurrent anesthesia procedures reimbursed at 50% of the lesser of billed charges or fee schedule calculation.
- QK Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals reimbursed at 50% of the lesser of billed charges or fee schedule calculation.
- QX CRNA service: with medical direction by a physician reimbursed at 50% of fee schedule calculation.
- QZ CRNA service without medical direction by a physician is reimbursed at 85% of the lesser of billed charges or fee schedule calculation.

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- C. **REPORTING OF TIME:** Time reporting is described in the Anesthesia Guidelines of the CPT® publication. In Arizona, time units will be added to the basic value and modifying units as is customary in the local area using the following unit values:

1 unit value is equal to Fifteen (15) minutes or any Seven (7) minute portion thereof.

Show the elapsed time (minutes) in item 24G of the CMS 1500 form. Convert hours into minutes and enter the total minutes required for this procedure.

- D. **UNIT VALUES FOR OTHER QUALIFYING CIRCUMSTANCES:** (more than one may be selected)

Qualifying circumstances are described in the Anesthesia Guidelines of the CPT® book. The unit values for these procedures, which are reported as an additional service and may be added to the basic unit values, are as follows:

Code	Unit Value
99100	1
99116	5
99135	5
99140	2

Note: Healthcare providers who provide additional services that are billed using CPT® codes 62320-62327 or 64400-64530 shall follow the Surgery Guidelines in this Fee Schedule.