

ANESTHESIA GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2019 Edition of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx.

The Commission has also adopted by reference the unit values and guidance for consultative, diagnostic and therapeutic services published in the most recent edition of *Relative Value Guide*, American Society of Anesthesiologists. Additional information regarding publications adopted by reference is found in the Introduction 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 adopted portion of the CPT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- 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 Reimbursed at 100% of the lesser of billed charges or fee schedule Calculation
- AD- Medical supervision by a physician: more than four (4) concurrent Anesthesia 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
- QX- Qualified nonphysician anesthetist with medical direction by a physician reimbursed at 50% of fee schedule calculation
- QZ- CRNA without medical direction by a physician reimbursed at 85% of the lesser of billed charges or fee schedule calculation

C. REPORTING OF TIME: Time reporting is described in the Anesthesia Guidelines of the CPT® book. 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.

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