ANESTHESIA GUIDELINES

The general guidelines and modifiers found in the 2011 CPT®-4 were adopted by reference by the Industrial Commission and are applicable when utilizing Arizona's Physicians' Fee Schedule. The anesthesia guidelines adopted by reference may be found in the *Current Procedural Terminology®, Fourth Edition ("CPT® book")* published by the AMA. 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 the adopted portions of the CPT®-4 and a code or guideline unique to Arizona, the Arizona code or guideline shall control.

1. CERTIFIED REGISTERED NURSE ANESTHETISTS are reimbursed at 85% of the fee schedule.

2. 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

3. 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.

4. 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:

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Code	Unit Value
99100	1
99116	5
99135	5
99140	2

5. In the text of the Fee Schedule, we utilize * and ** to denote "add-on" codes and those codes that are exempt from the multiple procedure rule.

a. * Denotes Add-On Codes

(List separately in addition to code for primary procedure)

Note: This code is an add-on procedure and as such is valued appropriately. Multiple procedure guidelines for reduction of value are not applicable.

b. ** Denotes Codes Exempt from Modifier "-51"

Note: Multiple procedure guidelines for reduction of value are not applicable for this code.

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