wisconsin Medicaid update
and BadgerCare
April 2004 ● No. 2004-27
Wisconsin Medicaid and BadgerCare Information for Providers

To:
Anesthesiologist Assistants
Certified Registered Nurse Anesthetists
Federally Qualified Health Centers
Nurse Practitioners
Physician Assistants
Physician Clinics
Physicians
Rural Health Clinics
HMOs and Other Managed Care Programs

Submitting Claims for Anesthesia Services

This *Wisconsin Medicaid and BadgerCare Update* clarifies anesthesia services policy, announces new procedure code coverage, and includes a revised list of covered procedure codes and modifiers for anesthesia services.

Anesthesia Procedure Code and Modifier Reminders

Effective for dates of service (DOS) on and after October 1, 2003, anesthesiologists, anesthesiologist assistants, and certified registered nurse anesthetists (CRNAs) are required to use *Current Procedural Terminology* (CPT) anesthesia codes 00100-01999 and applicable modifiers when submitting claims for anesthesia services. Wisconsin Medicaid will deny claims for CPT procedure codes 00100-01999 without a modifier.

Anesthesia modifier "AA" is required for qualifying circumstances (procedure codes 99100, 99116, 99135, 99140). Providers are required to indicate a quantity of "1.0" for each of these codes.

Providers should not use modifiers when submitting claims for vascular injection procedures, invasive monitoring, or catheter insertion.

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a revised list of procedure codes and modifiers for anesthesia services.

Add-On Codes

Effective for DOS on and after October 1, 2003, Wisconsin Medicaid separately reimburses CPT add-on codes for anesthesia involving burn excisions or debridement and obstetrical anesthesia. Anesthesia add-on codes are reimbursed differently than other anesthesia codes. The add-on code must be submitted in addition to the primary anesthesia code. Wisconsin Medicaid covers the following add-on codes:

- 01953 (Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for total body surface area [TBSA] treated during anesthesia and surgery; each additional nine percent total body surface area or part thereof). Use 01953 in conjunction with code 01952.

  Billing note: All anesthesia time is reported with the primary anesthesia code (01952). Use a quantity of "1.0" when submitting claims for code 01953.

- 01968 (Anesthesia for cesarean delivery following neuraxial labor analgesia/ anesthesia). Use 01968 in conjunction with code 01967.

  Billing note: Anesthesia time must be separately reported for the primary code 01967 ***and*** the add-on code 01968, based on the number of 15-minute time units appropriately associated with each code.

- 01969 (Anesthesia for cesarean hysterectomy following neuraxial labor

analgesia/anesthesia). Use 01969 in conjunction with code 01967.

Billing note: Anesthesia time must be separately reported for the primary code 01967 ***and*** the add-on code 01968, based on the number of 15-minute time units appropriately associated with each code.

As a reminder, do *not* bill relative value units (RVUs) for the procedure performed. Wisconsin Medicaid automatically includes RVUs when reimbursement is calculated. Do not add RVU and time units. Do not indicate the actual time in minutes or hours.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at *dhfs.wisconsin.gov/medicaid/*.

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ATTACHMENT
Procedure Codes and Modifiers for Anesthesia Services

Some procedure codes within the ranges below may not be reimbursable by Wisconsin Medicaid. Consult the appropriate Maximum Allowable Fee Schedule on the Medicaid Web site at *dhfs.wisconsin.gov/medicaid/* or call Provider Services at (800) 947-9627 or (608) 221-9883, regarding coverage of specific procedure and modifier combinations.

Modifier	Description
AA	Anesthesia services performed personally by anesthesiologist
QY	Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist
QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
QX	CRNA (or anesthesiologist assistant) service: with medical direction by a physician
QZ	CRNA service: without medical direction by a physician

Service	CPT Procedure Codes	Modifier Required?
Head	00100-00222	Yes
Neck	00300-00352	Yes
Thorax (Chest Wall and Shoulder Girdle)	00400-00474	Yes
Intrathoracic	00500-00580	Yes
Spine and Spinal Cord	00600-00670	Yes
Upper Abdomen	00700-00797	Yes
Lower Abdomen	00800-00882	Yes
Perineum	00902-00952	Yes
Pelvis (Except Hip)	01112-01190	Yes
Upper Leg (Except Knee)	01200-01274	Yes
Knee and Popliteal Area	01320-01444	Yes
Lower Leg (Below Knee, Includes Ankle and Foot)	01462-01522	Yes
Shoulder and Axilla	01610-01682	Yes
Upper Arm and Elbow	01710-01782	Yes
Forearm, Wrist, and Hand	01810-01860	Yes
Radiological Procedures	01905-01933	Yes
Burn Excisions or Debridement	01951-01953	Yes
Obstetric	01958-01969	Yes
Other Procedures	01990-01999	Yes

Service	CPT Procedure Codes	Modifier Required?
Vascular Injection Procedures (When Anesthesia Is Not Provided)	36000-36248, 36568-36569, 36580, 36584, 36600-36660	No
Invasive Monitoring	36555-36556, 36620, 93503	No
Catheter Insertion	62318-62319	No
Qualifying Circumstances for Anesthesia	99100-99140	Yes (AA only)