

To:  
Anesthesiologist  
  Assistants  
Certified  
  Registered  
  Nurse  
  Anesthetists  
Physician Clinics  
Physicians  
HMOs and Other  
  Managed Care  
  Programs

## Verify Quantities on Claims for Anesthesia Services

As a result of an internal review of anesthesia claims, Wisconsin Medicaid has determined that a number of providers are billing for anesthesia services incorrectly. Providers are reminded that, for most anesthesia services, they are to indicate quantities in 15-minute time units and *never* the actual number of minutes, whether billing on paper or electronically. Providers billing for anesthesia services with a quantity greater than 30 (more than 450 minutes) will be required to submit claims using the CMS 1500 paper claim form along with additional supporting documentation.

### Unusual Quantities on Claims for Anesthesia Services

As a result of an internal review of anesthesia claims, Wisconsin Medicaid has determined that a number of providers are billing for anesthesia services incorrectly. Wisconsin Medicaid has received numerous claims for anesthesia services with unusually large quantities.

Providers are reminded that, for most anesthesia services, they are to indicate quantities in 15-minute time units and *never* the actual number of minutes, whether billing on paper or electronically. Billing in quantities of minutes leads to overpayments to providers,

which, if not corrected, will result in audits and/or recouped payments by Wisconsin Medicaid.

### Submitting Claims with Quantities Greater Than 30 Units

Providers submitting anesthesia services claims with a quantity greater than 30 (more than seven-and-a-half hours) will be required to submit claims using the CMS 1500 paper claim form along with appropriate documentation. Providers should submit the following for anesthesia services lasting longer than seven-and-a-half-hours for the same date of service (DOS):

- CMS 1500 paper claim form with “MEDICAL CONSULTANT REVIEW REQUESTED” written at the top in red ink.
- Documentation including an anesthesia report or other medical record indicating anesthesia time.

Electronic claims indicating a quantity greater than 30 will be denied and must be resubmitted on a paper claim with the appropriate documentation attached.

### Quantity Guidelines for Anesthesia Claims

As a reminder, *Current Procedural Terminology* (CPT) procedure codes 00100-01999, except for 01953, must be billed in

quantities of 15-minute time units. (Time for 01953 is included in the quantity for the primary procedure; 01953 is billed with a quantity of 1.0.) Providers are required to use the rounding guidelines in the following table when submitting claims for CPT codes 00100-01999, except for 01953.

<b>Anesthesia Services Rounding Guidelines</b>	
<b>Time (in minutes)</b>	<b>Unit(s)</b>
1-15	1.0
16-30	2.0
31-45	3.0
46-60	4.0
61-75	5.0
76-90	6.0
91-105	7.0
106-120	8.0
Etc.	

Providers are also reminded that anesthesia time begins when the anesthesiologist, certified registered nurse anesthetist (CRNA), or anesthesiologist assistant physically starts to prepare the recipient for the induction of anesthesia in the operating room. Anesthesia time ends when the anesthesiologist, CRNA, or anesthesiologist assistant performing the anesthesia service is no longer in constant attendance (when the recipient may be safely placed under postoperative supervision).

Do not include the relative value units (RVUs) or American Society of Anesthesiologists (ASA) base units for anesthesia procedures performed. Wisconsin Medicaid automatically includes RVUs when reimbursement is calculated.

### Review Quantities on Claims

All anesthesia service providers should review claims that have been reimbursed by Wisconsin

Medicaid for DOS within the past 365 days to verify that correct quantities were indicated.

To assist in identifying anesthesia claims with incorrect quantities, providers should review both previously submitted and current claims for the following:

- A quantity exceeding 30. Wisconsin Medicaid’s claims processing system interprets a quantity of 30 as 30 15-minute time units (450 minutes). Though it is possible that a surgery may last for a total time of 450 minutes (seven-and-a-half hours), it is more likely that the surgery lasted only 30 minutes and that the claim should have been submitted with a quantity of 2.0 instead.
- An explanation of benefits message received by Wisconsin Medicaid that Medicaid’s maximum daily reimbursement for an anesthesia provider was met. Currently, Wisconsin Medicaid’s daily maximum reimbursement for physician services is \$2,308.00, per provider, per recipient, per DOS. Claims for anesthesia services typically should not meet Wisconsin Medicaid’s maximum daily reimbursement.

**A**ll anesthesia service providers should review claims that have been reimbursed by Wisconsin Medicaid for DOS within the past 365 days to verify that correct quantities were indicated.

### Electronic Claims

Providers submitting 837 Health Care Claim: Professional (837P) transactions for anesthesia services should verify that they are indicating modifier “UN” (Units). Providers should *not* use modifier “MJ” (Minutes). The Wisconsin Medicaid Companion to HIPAA Implementation Guide — 837 Professional and the Provider Electronic Solutions (PES) Software Manual have been revised to reflect this policy.

Providers should also verify that their billing services and clearinghouses are submitting claims with the correct quantities.

## Submitting Adjustments

If a provider finds that a claim(s) was submitted with an incorrect quantity, the provider should submit an adjustment request indicating the correct quantity to Wisconsin Medicaid. Providers may submit an electronic adjustment request using an 837P transaction or a paper Adjustment/Reconsideration Request, HCF 13046 (Rev. 06/03). The Adjustment/Reconsideration Request and completion instructions may be obtained from the Forms page of the Medicaid Web site.

## Wisconsin Medicaid Will Recoup Payments

Wisconsin Medicaid regularly conducts audits on claims. Claims for anesthesia services with unusual quantities will be audited. If the documentation in the recipient's medical record does not support the number of units reimbursed, the overpayment will be recouped by Wisconsin Medicaid. Pursuant to HFS 106.04(5), Wis. Admin. Code, providers are required to return overpayments within 30 days after the date of discovery, regardless of the cause.

## General Reminders

The following are general reminders about submitting claims for anesthesia services:

- Use the appropriate procedure codes and applicable modifiers. Refer to the April 2004 *Update* (2004-27), titled "Submitting Claims for Anesthesia Services," for more information on allowable anesthesia procedure codes and modifiers.
- Routinely review claims for anesthesia services to ensure that they are being submitted with the appropriate quantity

where a quantity of 1.0 is equal to one 15-minute time unit.

- When submitting claims for epidural services, verify that providers are billing for continuous attendance only. Refer to the Physician Services Handbook for more information on the definition of epidural anesthesia.

## 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/](http://dhfs.wisconsin.gov/medicaid/).

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