

ANESTHESIA COMPLICATED BY EMERGENCY CONDITIONS

Policy #62

Implementation Date: 1/1/15

3/25/14, 1/1/16 **Revision Dates:**

Disclaimer:

1. Policies are subject to change without notice.

Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

Add-on procedure 99140 is: 'Anesthesia complicated by emergency conditions.' Current Procedural Terminology (CPT®) parenthetical guidelines define an emergency as existing: "... when delay in treatment of the patient would lead to a significant increase in the threat to life or body part." Procedure 99140 is designated as a 'B' status code in the Centers for Medicare Services (CMS) National Physician Fee Schedule (NPFS). The 'B' status indicates the code is bundled or included in the services they are 'incident to' so there is no separate payment made due to emergency conditions for CMS. The payment is included in the anesthesia services.

Commercial Plan Policy

SelectHealth will treat CPT code 99140 as a 'B' status code which means it will be denied as a bundled procedure and not reimbursed separately.

Effective 1/1/2016, SelectHealth will reimburse 99140 separately if done for a surgery that is considered an emergency per the definition above.

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage considers code 99140 a 'B' Status code and has not assigned them any RVUs. 'B' status indicates that these codes are considered bundled and not paid separately.

SelectHealth Community Care (Medicaid)

SelectHealth Community Care considers CPT 99140 a Non-covered service.

Applicable Code(s)

Applicable Code(c)	
Code	Description
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to
	code for primary anesthesia procedure)

Sources

- Current Procedural Terminology (CPT®), (2014) American Medical Association
- ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf
- 3. The Centers for Medicare and Medicaid Services (CMS)
- Utah Medicaid Coverage and Reimbursement Look-Up Tool for Physicians

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

SelectHealth makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. SelectHealth updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or SelectHealth members. Claims will be reviewed based on current policy language at time of review.

Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

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