

ATTENTION ANESTHESIOLOGISTS

ANESTHESIA CODING CHANGES TO BEGIN 11/18/10

New York Medicaid is pleased to announce the adoption of CPT-4 Anesthesia administration procedure codes. These codes, with a lead "zero", must be reported for anesthesia administration services beginning with dates of service on and after November 18, 2010. New Anesthesia Services Procedure Code and Fee Schedule sections within the Physician Provider Manual will be posted on the eMedNY website at:

<http://www.emedny.org/ProviderManuals/Physician/index.html>.

Billing Instructions:

- Anesthesiologists must be enrolled with a specialty of 020 on their Enrollment file.
- Anesthesiologists will receive an initial order of the new version of the eMedNY 150003 paper claim form which accommodates billing in minutes. In the units' field, field 24I, indicate maximum minutes total only.
- For electronic claims, Loop 2400 must be completed with either: the MJ (minutes) qualifier and units reported as minutes, or with the UN (units) qualifier and units reported as 15 minute units.
- For ePACES billing, ePACES users **must** use minutes on the Service Count option. This field will validate that the procedure code does have a leading 0 in order for minutes to be selected as an option by the ePACES user. **No base units should be added** by the provider as eMedNY will now add those during claims processing. Units will be left on the dropdown list for billing dates of service prior to 11/18/2010.
- Anesthesia Basic Value will be automatically calculated during processing: **do not add** basic value to maximum minutes total on the claim.
- Modifiers -47 and -AA are no longer payable when billing for dates of service on and after November 18, 2010. They are required for billing dates of service prior to November 18, 2010.

For billing questions, call CSC at 1-800-343-9000.

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