

## ANESTHESIA COMPLICATED BY EMERGENCY CONDITIONS

Policy # 62

Implementation Date: 1/1/15

Review Dates:

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

**Disclaimer:**

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) 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 AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Select Health **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, Select Health will reimburse 99140 separately if done for a surgery that is considered an emergency per the definition above.

### SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Select Health 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.**

### SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care considers CPT 99140 to be a non-covered service

**Applicable Code(s)**

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

**Sources**

1. *Current Procedural Terminology (CPT®)*, (2014) – American Medical Association
2. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from [https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9\\_guidelines.pdf](https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf)

3. The Centers for Medicare and Medicaid Services (CMS)
4. Utah Medicaid Coverage and Reimbursement Look-Up Tool for Physicians

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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.

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