



May 25, 2018

Web Announcement 1597

Reminder: New 2018 Anesthesia Services Codes

The following new anesthesia services codes have been entered in the Medicaid Management Information System (MMIS) and can be billed with dates of service on or after January 1, 2018.

Code	Description
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified. (5 base units)
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (6 base units)
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified. (4 base units)
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy (3 base units)
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum (5 base units)

Billing reminder: Medicaid payments for anesthesiology are based on the Centers for Medicare & Medicaid Services (CMS) base units. Fifteen minutes equals one unit.

Claims for the new codes listed above with dates of service on or after January 1, 2018, and before May 25, 2018, that denied with edit codes 0210 (No fees found on file) and/or 0309 (Services not covered) and/or 0147 (Procedure code not active on date of service) and/or 0148 (Rendering provider is not certified to perform procedure) will be automatically reprocessed. Providers do not need to resubmit or appeal the denied claims. A future web announcement will notify providers when the claims are reprocessed.