INFORMATION ON TYPES OF ANESTHESIA
RRU1200.007
BlueReview POSTED DATE: 3/23/2004
EFFECTIVE DATE: 1/23/2004

COVERAGE:

General, regional and epidural anesthesia services are a covered benefit when these services are provided as part of a covered surgical or obstetrical procedure.

Values are based on the Relative Value Guide of the American Society of Anesthesiologist (ASA) and these values are assigned to each code/modifier.

Anesthesia services are processed on the Time and Points methodology. (total anesthesia value multiplied by the appropriate conversion factor).

- **Base Value/Base Points;** the value of the base anesthesia service.

- **Time Value/Time Points;** the value of the time spent administering the anesthesia. Points represent the relative value of the anesthesia code, plus any additional points for a Physical Status modifier.

- **Physical Status Modifiers;** the ranking of patient physical status is used to distinguish between various levels of complexity of anesthesia administration.

- **Conversion Factor;** the dollar amount which is used to multiply the sum of the basic value and time value.

**Total Anesthesia Allowable;** the product of the total anesthesia value multiplied by the conversion value.

The following formula is used to calculate the total anesthesia allowance:

- Base Value
- Plus the time Unit Value
- Plus the value of Physical Status Modifier
  - Equals the Total Units
- Total Units X Conversion Factor = Total Anesthesia Allowable.

**Note:** Qualifying Circumstances are paid separately.

Reimbursement for anesthesia services include, but are not limited to:

- ECG and/or EEG monitoring
In this document, the types of anesthesia are described as follows:

**Types of Anesthesia:**

- **Balanced:** Anesthesia which utilizes a combination of drugs, each in an amount sufficient to produce its major or desired effect to the optimum degree and keep its undesirable or unnecessary effects to a minimum.

- **Bier's Local/Block:** Local anesthesia produced by injection of lidocaine or other similar agent(s) into the veins of a limb that has been rendered bloodless by elevation and constriction.

- **Caudal:** Anesthesia produced by injection of a local anesthetic into the caudal or sacral canal.

- **Closed:** Inhalational anesthesia maintained by the continuous rebreathing of a relatively small amount of the anesthetic gas, normally used with absorption apparatus for the removal of carbon dioxide.

- **Endobronchial:** Anesthesia produced by introduction of a gaseous mixture through a slender tube placed in the large bronchus.
• **Endotracheal**: Anesthesia produced by introduction of a gaseous mixture through a wide-bore tube inserted into the trachea.

• **Epidural**: Anesthesia produced by injection of the anesthetic agent into the epidural space is most frequently approached through the lumbar area. The epidural space is the widest in the midline of the lumbar region.

• **General**: A state of unconsciousness, produced by anesthetic agents, with absence of pain sensation over the entire body and a greater or lesser degree of muscular relaxation; the drugs producing this state can be administered by inhalation, intravenously, intramuscularly, rectally, or via the gastrointestinal tract.

• **Hypnotic**: Production of insensibility to pain by means of hypnotism.

• **Hypotensive**: Anesthesia accompanied by the deliberate lowering of the blood pressure, a procedure said to reduce blood loss.

• **Hypothermic**: Anesthesia accompanied by the deliberate lowering of body temperature.

• **Infiltration**: Local anesthesia provided by depositing a local anesthesia solution in the area of small, terminal nerve endings.

• **Inhalation**: Anesthesia produced by the inhalation of vapors of a volatile liquid or gaseous anesthetic agent.

• **Insufflation**: Anesthesia produced by blowing a mixture of gases or vapors through a tube introduced into the respiratory tract.

• **Intercostal**: Anesthesia produced by blocking intercostal nerves with a local anesthetic.

• **Intranasal**: Local anesthesia produced by insertion into the nasal fossae of pledgets soaked in a solution of an anesthetic agent which is effective after topical application, or by insufflation of a mixture of anesthetic gases or vapors through a tube introduced into the nose.

• **Intraoral**: Anesthesia produced within the oral cavity by injection, spray, pressure, etc.

• **Intravenous**: Anesthesia produced by introduction of an anesthetic.
agent into a vein.

- **Local**: Anesthesia solution in the area of small, terminal nerve endings.

- **Mixed**: Anesthesia which is produced by administration of more than one anesthetic agent.

- **Regional**: The production of insensibility of a part of the body by interrupting the sensory nerve conductivity from that region of the body. It may be produced by (1) field block, that is, the creation of walls of anesthesia encircling the operative field by means of injections of a local anesthetic; or (2) nerve lock, that is, injection of the anesthetic agent close to the nerves whose conduct is to be cut off.

- **Sacral**: Anesthesia produced by injection of a local anesthetic into the extradural space of the sacral canal.

- **Saddle Block**: A type of sacral anesthesia produced in a region corresponding roughly with the area of the buttocks, perineum, and inner aspects of the thighs which impinge on the saddle when riding, by introducing the anesthetic agent low in the dural sac.

- **Spinal**: Anesthesia produced by injection of a local anesthetic into the subarachnoid space around the spinal cord.

- **Surgical**: That degree of anesthesia at which pain is completely relieved and surgery may be performed; ordinarily used to designate such depth of general anesthesia.

- **Topical**: Anesthesia produced by application of a local anesthetic directly to the area involved.

**RATIONALE**: None

**PRICING**: None

**REFERENCES**:

- Stead, S.W., eds., 2003, ASA 2003 Crosswalk, American Society of Anesthesiologist
INFORMATION ON TYPES OF ANESTHESIA
RRU1200.007
BlueReview POSTED DATE: 3/23/2004
EFFECTIVE DATE: 1/23/2004


DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.