

Anesthesia Billing Module



This manual is designed for users of the Genius Solutions' eTHOMAS Anesthesia Billing Module. This manual will cover a basic overview of Anesthesia, how to setup Anesthesia, how to post charges and the different outcomes using the Anesthesia Billing Module.

Anesthesia

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Anesthesia Billing

Anesthesia services are reimbursed differently than other procedure codes. Anesthesia services are reimbursed, in part, based upon base units (defined by CMS) and time (in 15 minute increments).

Because Anesthesia billing requires the use of minutes for the reporting of time that the patient was anesthetized, there is a specific setup within eTHOMAS in order to use this module.

Information about Anesthesia

In order to bill Anesthesia codes, a working knowledge and access to Base Units and Conversion Factors (CF) is strongly recommended. Base Units are used to compute the allowable amounts for Anesthesia services. This list is updated and maintained by CMS. The Anesthesia Conversion Factors (CF) is also maintained by CMS. Both pieces of information may be obtained from the CMS website at <https://www.cms.gov/center/anesth.asp>. In our experience, we have found that many insurance carriers follow Medicare Base Units and Conversion Factors; however, to be certain you may wish to contact the individual payers and obtain their lists. In our examples within this document, Medicare Base Units are used.

Base Units-used to compute the allowable base to minutes

Medicare publishes a list of Base Units for Anesthesia procedure codes. The Base Unit list allows for the computation of the allowable base minutes to be billed. The Base Units includes the pre and post-operative time prior to anesthesia. The Base Units are computed using the Base Unit and multiplying by 15 to get the number of minutes allowed for that procedure code. So, if a procedure code's base unit is 3, the allowable number of minutes then would be 45 minutes (15X3=45). The Base Unit will be needed when setting up the Anesthesia Alternate Fees within eTHOMAS.

To access the current year's Base Unit list, access the link at <https://www.cms.gov/center/anesth.asp> and find the Base Units by CPT code. If the Base Units have not changed for the current year, there will typically be an indication as there is for 2016 "The Base Units are Unchanged for 2016". In this case, we would find the latest Base Unit list, which in this case, is from 2014.

Conversion Factors (CF)-the dollar amount per unit

In addition to the Base Units, Medicare publishes a Conversion Factor which is categorized by region. The Conversion Factor is used to denote the dollar amount per unit of the Anesthesia procedure code. The Conversion Units may be obtained from the CMS website at <https://www.cms.gov/center/anesth.asp>. **The Conversion Factor is not needed in the entry of data to bill Anesthesia.** The Conversion Factor (CF) is the reimbursement amount Medicare will use in determining the allowable amount for an Anesthesia procedure. Medicare will use the (Time + Base) * CF to determine the allowable amount (80% of that amount) for reimbursement. This information is not necessary in the setup of eTHOMAS but is nonetheless important in understanding how Medicare will reimburse for Anesthesia services.

Modifiers

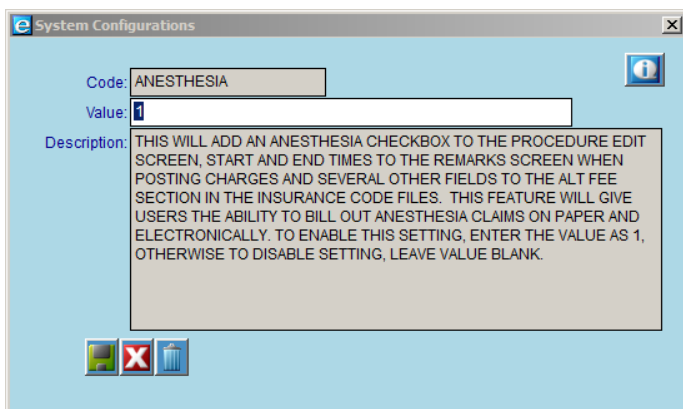
Modifiers play an important role in identifying whether a procedure was personally performed, medically directed, or medically supervised. Genius Solutions recommends users educate themselves on the necessity for Anesthesia modifiers as they do impact reimbursement of services.

Setup Anesthesia

There will be some initial setup and maintenance that will be required in order to bill for Anesthesia procedures.

System Setting

In order to access the Anesthesia checkboxes and the Start and End times within the Transaction, the System Setting Anesthesia will need to be activated with a value of 1.



Procedure Code

Once the System Setting Anesthesia has been activated, there will be an Anesthesia checkbox within the Procedure Code. Checking the Anesthesia checkbox within the Procedure Code allows the user to enter the Start and End times

when posting charges and use the Alternate Fees section. There is no need to set up the charge within the Procedure Code since it will be entered in the Alternate Fees.

Alternate Fees

Once the Procedure Codes have been set up, the Alternate Fees may be set up within the Insurance Codes. Each Insurance Code will need their Alternate Fees set up with the Procedure Codes in which you will bill for Anesthesia. From Code Files | Insurance | Insurance, enter into the Insurance screen. Click the Alternate Fees button

Alternate Fees

at the bottom of the Insurance Screen. Click the Plus sign  to add a new record.

1-Start/End Time Only: If used, will calculate the time reported for anesthesia multiplied by the charge within the Alternate Fee.

2-Base Mins plus Start/End Time: If used, will calculate the Base Minutes + the time reported for anesthesia multiplied by the charge within the Alternate Fee.

3-Greater Start/End Time or Base Mins: If used, will calculate the time reported for anesthesia OR the Base Minutes (whichever is greater) multiplied by the charge within the Alternate Fee.

****Note: The Srv Chrg Calc Meth affects the outcome of the charge only****

Procedure Code: Enter or select the Procedure Code

| | |
|----------------------------|---|
| Charge: | Enter the charge amount for each base unit for the Procedure Code |
| OPC Level: | Not used for Anesthesia |
| Base Minutes: | The converted minutes from the Base Units. In this example, the Base Units was 3. The converted Base Minutes is 45 because Anesthesia uses 15 minute units. |
| Srv Chrg Calc Meth: | Choose the desired option. This is how you wish to calculate the charge amount when posting charges. See descriptions next to Alternate Fee image. |
| Qualifier: | Choose MJ-Minutes as Anesthesia is calculated in Minutes. |

Posting Charges

Depending upon the Srv Chrg Calc Meth selected when the Alternate Fees was set up will determine how the charge amount is calculated. Listed below is a step-by-step encounter of Posting Charges with the different options.

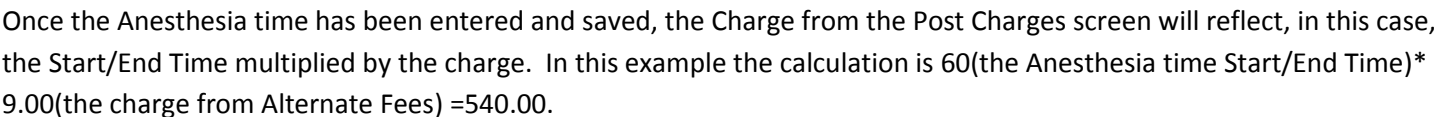
Posting Anesthesia Charges Using 1-Start/End Time Only

Start/End Time Only will calculate the time reported for anesthesia multiplied by the charge within the Alternate Fee. Enter into the Post Charges screen, select the Procedure Code desired.

The Anesthesia time has not been entered yet, so the Charge Srv is reflective of the Charge from the Alternate Fees. Enter the Anesthesia Minutes by clicking n the R button to the right of BTI.

Input the Anesthesia time using the Start Time and the End Time, not to exceed 12 hours.

If 12 hours is exceeded, eTHOMAS will not allow the saving of the Anesthesia time and will report back "Time cannot be greater than 12 hours".



The printout of the CMS-1500 form will report the charge amount in Item 24F, the minutes reported in 24G, and the time span in the shaded area of 24A.

Likewise, the ANSI file will report the Anesthesia information in Loop 2400 the charge amount in SV1*02 (540), the Unit of time MJ=Minutes in SV1*03, and the time span in SV1*04 (60).

Posting Anesthesia Charges Using 2-Base Mins plus Start/End Time

Base Mins plus Start/End Time will calculate the Base Minutes + the time reported for anesthesia multiplied by the charge within the Alternate Fee. Enter int00o the Post Charges screen, select the Procedure Code desired.

eTHOMAS Posting Charges

Post Charges

Copay: \$0.00 Cash: 0.00 Ins: 0.00 5610 SMITH, JOHN

Primary: 1) MR/MR DX A/1 852.531A DX G/7
 Secondary: 2 DX B/2 DX H/8
 Tertiary: 3 DX C/3 DX I/9
 Claim Status: Unbilled DX D/4 DX J
 Route Slip: DX E/5 DX K
 DX F/6 DX L

Claim Type: Location: 04 - GENIUS SOLUTIONS
 Doctor: 03 - GREGORY HOUSE
 Header: OUTPAT OUTPAT
 Bill Type: Either
 Doc Ind: Doc Type:
 Referral: Illness:
 Facility:

Done
Delete All
Delete Line
Cancel
Appointment
CMNs

Ins Remarks Cln Notes Profiles Last Claim

☐ Attach CMN ☒ ICD10

| DOS From | DOS To | Procedure | Dr | DX Ptr | Pos | Qty | Charge Srv | Charge Pat | Mfy1 | Mfy2 | Mfy3 | Mfy4 | BTI | R | E | Recall | Misc Dt |
|------------|------------|-----------|----|--------|-----|-------|------------|------------|------|------|------|------|-------------------------------------|-----|-----|--------|---------|
| 01/07/2016 | 01/07/2016 | 01810 | 03 | 1234 | 2 | 1.000 | 9.00 | 0.00 | | | | | <input checked="" type="checkbox"/> | ... | ... | | |
| 01/07/2016 | 01/07/2016 | | | | | | 0.00 | 0.00 | | | | | <input type="checkbox"/> | ... | ... | | |

The Anesthesia time has not been entered yet, so the Charge Srv is reflective of the Charge from the Alternate Fees. Enter the Anesthesia Minutes by clicking n the R button to the right of BTI.

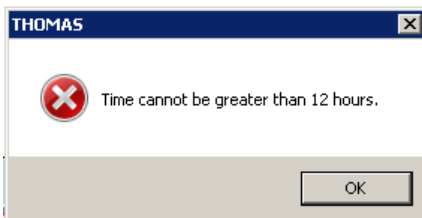
Edit transaction remarks...

Start Time: 09:00AM End Time: 10:00AM

Procedure Description

Input the Anesthesia time using the Start Time and the End Time, not to exceed 12 hours.

If 12 hours is exceeded, eTHOMAS will not allow the saving of the Anesthesia time and will report back "Time cannot be greater than 12 hours".



Once the Anesthesia time has been entered and saved, the Charge from the Post Charges screen will reflect, in this case, the Base Mins plus the Start/End Time multiplied by the Charge. In this example the calculation is 45(Base Minutes from Alternate Fees) +60(the Anesthesia time Start/End Time) *9.00(the charge from Alternate Fees) =945.00

eTHOMAS Posting Charges

Post Charges

5610 SMITH, JOHN

Copay: \$0.00 **Cash: 0.00** **Ins: 0.00**

Primary: 1) MR/MR DX A/1 S52.531A DX G/7
 Secondary: 2 DX B/2 DX H/8
 Tertiary: 3 DX C/3 DX I/9
 Claim Status: Unbilled DX D/4 DX J
 Route Slip: DX E/5 DX K
 DX F/6 DX L

Claim Type: Location: 04 - GENIUS SOLUTIONS
 Doctor: 03 - GREGORY HOUSE
 Header: OUTPAT OUTPAT
 Bill Type: Either
 Doc Ind: Doc Type:
 Referral: Illness:
 Facility:

Done
 Delete All
 Delete Line
 Cancel
 Appointment
 CMNs

Ins Remarks Cln Notes Profiles Last Claim

☐ Attach CMN ☒ ICD10

| DOS From | DOS To | Procedure | Dr | DX Ptr | Pos | Qty | Charge Srv | Charge Pat | Mfy1 | Mfy2 | Mfy3 | Mfy4 | BTI | R | E | Recall | Misc Dt |
|------------|------------|-----------|----|--------|-----|-------|------------|------------|------|------|------|------|-----|---|---|--------|---------|
| 01/07/2016 | 01/07/2016 | 01810 | 03 | 1234 | 2 | 1.000 | 945.00 | 0.00 | | | | | | | | | |
| 01/07/2016 | 01/07/2016 | | | | | | 0.00 | 0.00 | | | | | | | | | |

The printout of the CMS-1500 form will report the charge amount in Item 24F, the minutes reported in 24G, and the time span in the shaded area of 24A.

| 24. A. DATE(S) OF SERVICE | | | | | | B Place of Service | C ENG | D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER | E DIAGNOSIS POINTER | F \$ CHARGES | G DAYS OR UNITS |
|---------------------------|-------|-------|-----|-------|----|--------------------------|----------|--|---------------------------|-----------------|--------------------------|
| From | To | From | To | From | To | | | | | | |
| MM | DD | YY | MM | DD | YY | | | | | | |
| 7 | Begin | 09:00 | End | 10:00 | | | | | | | |
| 01 | 07 | 16 | | | | 22 | | 01810 | A | 945.00 | 60 |

Likewise, the ANSI file will report the Anesthesia information in Loop 2400 the charge amount in SV1*02 (945), the Unit of time MJ=Minutes in SV1*03, and the time span in SV1*04 (60).

LX*1~
SV1*HC:01810*945*MJ*60*1~**

Posting Anesthesia Charges Using 3-Greater Start/End Time or Base Mins (When the Start/End Time is greater than the Base Mins)

Greater Start/End Time or Base Mins will calculate the time reported for anesthesia OR the Base Minutes (whichever is greater) multiplied by the charge within the Alternate Fee. Enter into the Post Charges screen, select the Procedure Code desired.

eTHOMAS Posting Charges

Post Charges

5610 SMITH, JOHN

Copay: \$0.00 Cash: 0.00 Ins: 0.00

Primary: 1) MR/MR DX A/1 852.531A DX G/7
 Secondary: 2 DX B/2 DX H/8
 Tertiary: 3 DX C/3 DX I/9
 Claim Status: Unbilled DX D/4 DX J
 Route Slip: DX E/5 DX K
 DX F/6 DX L

Claim Type: Location: 04 - GENIUS SOLUTIONS
 Doctor: 03 - GREGORY HOUSE
 Header: OUTPAT OUTPAT
 Bill Type: Either
 Doc Ind: Doc Type: Referral: Illness: Facility:

Done
Delete All
Delete Line
Cancel
Appointment
CMNs

Ins Remarks Cln Notes Profiles Last Claim ☒ ICD10 ☐ Attach CMN

| DOS From | DOS To | Procedure | Dr | DX Ptr | Pos | Qty | Charge Srv | Charge Pat | Mfy1 | Mfy2 | Mfy3 | Mfy4 | BTI | R | E | Recall | Misc Dt |
|------------|------------|-----------|----|--------|-----|-------|------------|------------|------|------|------|------|-------------------------------------|-----|-----|--------|---------|
| 01/07/2016 | 01/07/2016 | 01810 | 03 | 1234 | 2 | 1.000 | 9.00 | 0.00 | | | | | <input checked="" type="checkbox"/> | ... | ... | | |
| 01/07/2016 | 01/07/2016 | | | | | | 0.00 | 0.00 | | | | | <input type="checkbox"/> | ... | ... | | |

The Anesthesia time has not been entered yet, so the Charge Srv is reflective of the Charge from the Alternate Fees. Enter the Anesthesia Minutes by clicking n the R button to the right of BTI.

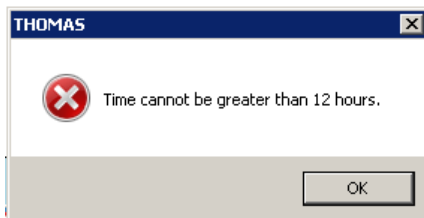
Edit transaction remarks...

Start Time: 09:00AM End Time: 10:00AM

Procedure Description

Input the Anesthesia time using the Start Time and the End Time, not to exceed 12 hours.

If 12 hours is exceeded, eTHOMAS will not allow the saving of the Anesthesia time and will report back "Time cannot be greater than 12 hours".



Once the Anesthesia time has been entered and saved, the Charge from the Post Charges screen will reflect, in this case, either the Base Minutes or the Start/End Time (whichever is greater) and in this example, the Start/End Time is greater since the Anesthesia time reported is 60 minutes and the Base Minutes is 45. In this example the calculation is 60(the Anesthesia time Start/End Time)* 9.00(the charge from Alternate Fees) =540.00.

eTHOMAS Posting Charges

Post Charges 5610 SMITH, JOHN

Copoly: \$0.00 Cash: 0.00 Ins: 1485.00

| | | | | | | | |
|---------------|----------|--------|----------|--------|--|-------------|-----------------------|
| Primary: 1 | 1)MR/MR | DX A/1 | 852.531A | DX G/7 | | Claim Type: | |
| Secondary: 2 | | DX B/2 | | DX H/8 | | Location: | 04 - GENIUS SOLUTIONS |
| Tertiary: 3 | | DX C/3 | | DX I/9 | | Doctor: | 02 - CHRISTINA YANG |
| Claim Status: | Unbilled | DX D/4 | | DX J | | Header: | OUTPAT OUTPAT |
| Route Slip: | | DX E/5 | | DX K | | Bill Type: | Either |
| | | DX F/6 | | DX L | | Doc Ind: | |
| | | | | | | Doc Type: | |
| | | | | | | Referral: | |
| | | | | | | Illness: | |
| | | | | | | Facility: | |

☒ ICD10 ☐ Attach CMN

| DOS From | DOS To | Procedure | Dr | DX Ptr | Pos | Qty | Charge Srv | Charge Pat | Mfy1 | Mfy2 | Mfy3 | Mfy4 | BTI | R | E | Recall | Misc Dt |
|------------|------------|-----------|----|--------|-----|-------|------------|------------|------|------|------|------|-------------------------------------|---|---|--------|---------|
| 01/07/2016 | 01/07/2016 | 01810 | 02 | 1 | 2 | 1.000 | 540.00 | 0.00 | | | | | <input checked="" type="checkbox"/> | | | | |
| 01/07/2016 | 01/07/2016 | | | | | | 0.00 | 0.00 | | | | | <input type="checkbox"/> | | | | |

The printout of the CMS-1500 form will report the charge amount in Item 24F, the minutes reported in 24G, and the time span in the shaded area of 24A.

| 24. A. DATE(S) OF SERVICE | | | | | | B | C | D PROCEDURES, SERVICES, OR SUPPLIES | | | E | F | | G |
|---------------------------|-------|-------|-----|-------|----|------------------|-----|-------------------------------------|----------|--|-------------------|------------|--|---------------|
| From To | | | | | | Place of Service | EMG | (Explain Unusual Circumstances) | | | DIAGNOSIS POINTER | \$ CHARGES | | DAYS OR UNITS |
| MM | DD | YY | MM | DD | YY | | | CPT/HCPCS | MODIFIER | | | | | |
| 7 | Begin | 09:00 | End | 10:00 | | | | | | | | | | |
| 01 | 07 | 16 | | | | 22 | | 01810 | | | A | 540.00 | | 60 |

Likewise, the ANSI file will report the Anesthesia information in Loop 2400 the charge amount in SV1*02 (540), the Unit of time MJ=Minutes in SV1*03, and the time span in SV1*04 (60).

```
LX*1~
SV1*HC:01810*540*MJ*60***1~
```

Posting Anesthesia Charges Using 3-Greater Start/End Time or Base Mins (When the Base Mins is greater than the Start/End Time)

Greater Start/End Time or Base Mins will calculate the time reported for anesthesia OR the Base Minutes (whichever is greater) multiplied by the charge within the Alternate Fee. Enter into the Post Charges screen, select the Procedure Code desired.

eTHOMAS Posting Charges

Post Charges

5610 SMITH, JOHN

Copay: \$0.00 Cash: 0.00 Ins: 0.00

Primary: 1) MR/MR DX A/1 S52.531A DX G/7
 Secondary: 2 DX B/2 DX H/8
 Tertiary: 3 DX C/3 DX I/9
 Claim Status: Unbilled DX D/4 DX J
 Route Slip: DX E/5 DX K
 DX F/6 DX L

Claim Type: Location: 04 - GENIUS SOLUTIONS
 Doctor: 03 - GREGORY HOUSE
 Header: OUTPAT OUTPAT
 Bill Type: Either
 Doc Ind: Doc Type:
 Referral: Illness:
 Facility:

Done
Delete All
Delete Line
Cancel
Appointment
CMNs

Ins Remarks Cln Notes Profiles Last Claim

☒ ICD10 ☐ Attach CMN

| DOS From | DOS To | Procedure | Dr | DX Ptr | Pos | Qty | Charge Srv | Charge Pat | Mfy1 | Mfy2 | Mfy3 | Mfy4 | BTI | R | E | Recall | Misc Dt |
|------------|------------|-----------|----|--------|-----|-------|------------|------------|------|------|------|------|-------------------------------------|-----|-----|--------|---------|
| 01/07/2016 | 01/07/2016 | 01810 | 03 | 1234 | 2 | 1.000 | 9.00 | 0.00 | | | | | <input checked="" type="checkbox"/> | ... | ... | | |
| 01/07/2016 | 01/07/2016 | | | | | | 0.00 | 0.00 | | | | | <input type="checkbox"/> | ... | ... | | |

The Anesthesia time has not been entered yet, so the Charge Srv is reflective of the Charge from the Alternate Fees. Enter the Anesthesia Minutes by clicking n the R button to the right of BTI.

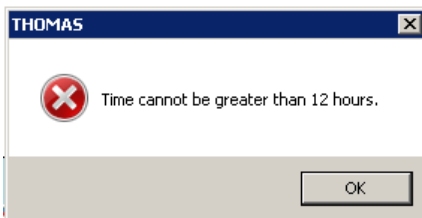
Edit transaction remarks...

Start Time: 09:00AM End Time: 09:30AM

Procedure Description


Input the Anesthesia time using the Start Time and the End Time, not to exceed 12 hours.

If 12 hours is exceeded, eTHOMAS will not allow the saving of the Anesthesia time and will report back "Time cannot be greater than 12 hours".




Once the Anesthesia time has been entered and saved, the Charge from the Post Charges screen will reflect, in this case, either the Base Minutes or the Start/End Time (whichever is greater) and in this example, the Base Minutes is greater since the Anesthesia time reported is 30 minutes and the Base Minutes is 45. In this example the calculation is 45(Base Minutes, which is the base)* 9.00(the charge from Alternate Fees) =405.00.

eTHOMAS Posting Charges

Post Charges 5610 SMITH, JOHN 

Coplay: \$0.00 Cash: 0.00 Ins: 1485.00

| | | | | | | | |
|---------------|----------|--------|----------|--------|--|-------------|-----------------------|
| Primary: 1 | 1)MR/MR | DX A/1 | S52.531A | DX G/7 | | Claim Type: | |
| Secondary: 2 | | DX B/2 | | DX H/8 | | Location: | 04 - GENIUS SOLUTIONS |
| Tertiary: 3 | | DX C/3 | | DX I/9 | | Doctor: | 03 - GREGORY HOUSE |
| Claim Status: | Unbilled | DX D/4 | | DX J/6 | | Header: | OUTPAT OUTPAT |
| Route Slip: | | DX E/5 | | DX K/7 | | Bill Type: | Either |
| | | DX F/6 | | DX L/8 | | Doc Ind: | |
| | | | | | | Doc Type: | |
| | | | | | | Referral: | |
| | | | | | | Illness: | |
| | | | | | | Facility: | |



☐ Attach CMN ☒ ICD10

| DOS From | DOS To | Procedure | Dr | DX Ptr | Pos | Qty | Charge Srv | Charge Pat | Mfy1 | Mfy2 | Mfy3 | Mfy4 | BT | R | E | Recall | Misc Dt |
|------------|------------|-----------|----|--------|-----|-------|------------|------------|------|------|------|------|-------------------------------------|---|---|--------|---------|
| 01/07/2016 | 01/07/2016 | 01810 | 03 | 1 | 2 | 1.000 | 405.00 | 0.00 | | | | | <input checked="" type="checkbox"/> | | | | |
| 01/07/2016 | 01/07/2016 | | | | | | 0.00 | 0.00 | | | | | <input type="checkbox"/> | | | | |

The printout of the CMS-1500 form will report the charge amount in Item 24F, the minutes reported in 24G, and the time span in the shaded area of 24A.

| 24. A. DATE(S) OF SERVICE | | | | | | | | | | B Place of Service | C ENG | D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER | | | E DIAGNOSIS POINTER | F \$ CHARGES | | G DAYS OR UNITS |
|---------------------------|----|----|----|----|----|----|----|----|----|--------------------------|----------|--|--|--|---------------------------|-----------------|--|--------------------------|
| From | To | MM | DD | YY | MM | DD | YY | MM | DD | | | | | | | | | |
| 7 Begin 09:00 End 09:30 | | | | | | | | | | | | | | | | | | |
| 01 | 07 | 16 | | | | | | | | 22 | | 01810 | | | A | 405.00 | | 30 |

Likewise, the ANSI file will report the Anesthesia information in Loop 2400 the charge amount in SV1*02 (405), the Unit of time MJ=Minutes in SV1*03, and the time span in SV1*04 (30).

```
LX*1~
SV1*HC:01810*405*MJ*30***1~
```

Tips about Anesthesia Billing in eTHOMAS

We have compiled a list of noteworthy information we have found useful regarding Anesthesia Billing in eTHOMAS.

- Although it is recommended to add the Alternate Fees prior to posting charges, Alternate Fees may be set up as charges are being posted as to add "on-the-fly".
 - If charges are being posted for a procedure code with the Anesthesia checkbox checked, and there is not an Alternate Fee set up for that procedure and insurance code, when the Start and End Time is entered and saved, the Alternate Fees box will pop up and it may be filled out according to the instructions under Alternate Fees (at the beginning of this document).
- Multiply X Qty should not be checked for Procedure Codes that have the Anesthesia checkbox checked as it may calculate an undesirable quantity in Item 24G and SV1*04 of the electronic claim file.
- Although the Charge and Quantity Qualifier is not necessary on the Procedure Code screen if the Anesthesia checkbox is checked, it will not cause any adverse effects if it is entered since the Anesthesia Charge and Quantity Qualifier is pulled from the Alternate Fees.
- If the Start and/or End Time need to be modified after charges have been posted, access the Start and End Time through the Transaction Edit (to the right of the screen Start Time End Time).

- The shaded area of Item 24A on the CMS-1500 form reports the Begin and End time preceded with a number 7. The number 7 is a qualifier indicating Anesthesia information and is to be used when reporting Anesthesia Time services.
- The time span reported within the shaded area of Item 24A on the CMS-1500 form reports in Military time. For example, if the Start Time was 12:45PM and the End Time was 2:15PM, the shaded area of Item 24A on the CMS-1500 form will report **7 Begin 12:45 End 14:15**.
- A Prebill Warning will be reported on claims if the Procedure Code is marked as Anesthesia and there is no Start/End Time indicated with the warning of “Check Anesthesia Time”.

Manual Method of Anesthesia Billing without Alternate Fees (Not Recommended)

There is another method of posting charges for Anesthesia procedures; although not recommended, it is necessary to document the method. With the Manual Method, eTHOMAS will not use Alternate Fees nor will the Start and End Time be inputted at the time of posting charges; therefore the charge will not be automatically calculated through the information within Alternate Fees and will need to manually calculate the Time Span using the Units at the time of Posting Charges. In addition, if using this method, Anesthesia claims may be prepared **electronically only** as the Time Span will not be reflective in the shaded area of Item 24A of the CMS-1500 form.

The System Setting Anesthesia **should not** be activated for the Manual Method. The Procedure Code should be marked as Multiply X Qty as the span of time will be manually calculated when posting charges using the Qty and the Multiply X Qty will multiply the charge from the Procedure by the Qty to increase the Charge Srv, Bill To Ins, the Quantity Qualifier set at MJ-Minutes, and the Charge inputted as the Charge for a single unit.

The screenshot shows the 'Procedure Codes' window in eTHOMAS. The procedure code is 00126, described as 'ANESTHESIA FOR E/M/ EAR; TYMPANOTOMY'. The position is 'OUTPATIENT'. The quantity is set to 1.000. The 'Multiply X Qty' checkbox is checked. The 'Bill To Ins' checkbox is also checked. The 'Quantity Qualifier' is set to 'MJ-Minutes'. The 'Charge' is set to 9.00. The 'Rental Amount' is 0.00. The 'Default Delivery Method' and 'Default Pick-Up Method' are both set to 'Free Care'.

Posting Charges using the Manual Method of Anesthesia Billing without Alternate Fees

Enter into the Post Charges screen, select the Procedure Code desired.

eTHOMAS Posting Charges

Post Charges

Copay: \$0.00 Cash: 0.00 Ins: 2117.50 5610 SMITH, JOHN

Primary: 1) 1)MR/MR DX A/1 S52.531A DX G/7
 Secondary: 2 DX B/2 DX H/8
 Tertiary: 3 DX C/3 DX I/9
 Claim Status: Unbilled DX D/4 DX J
 Route Slip: DX E/5 DX K
 DX F/6 DX L

Claim Type: Location: 04 - GENIUS SOLUTIONS
 Doctor: 03 - GREGORY HOUSE
 Header: OUTPAT OUTPAT
 Bill Type: Either
 Doc Ind: Doc Type:
 Referral: Illness:
 Facility:

Done
Delete All
Delete Line
Cancel
Appointment
CMNs

Ins Remarks Cln Notes Prg files Last Claim ☒ ICD10

☐ Attach CMN

| DOS From | DOS To | Procedure | Dr | DX Ptr | Pos | Qty | Charge Srv | Charge Pat | Mfy1 | Mfy2 | Mfy3 | Mfy4 | BTI | R | E | Recall | Misc Dt |
|------------|------------|-----------|----|--------|-----|-------|------------|------------|------|------|------|------|-----|-------------------------------------|-----|--------|---------|
| 01/08/2016 | 01/08/2016 | 00126 | 03 | 1 | 2 | 1.000 | 9.00 | 0.00 | | | | | | <input checked="" type="checkbox"/> | ... | ... | |
| 01/08/2016 | 01/08/2016 | | | | | | 0.00 | 0.00 | | | | | | <input type="checkbox"/> | ... | ... | |

Within the Qty field, enter the number of units that need to appear in Loop 2400 SV1*04 of the electronic claim file. So, if the time the patient was anesthetized was between 10AM and 12PM, the Qty would need to reflect the number of minutes, which in this case, would be 120.

eTHOMAS Posting Charges

Post Charges

Copay: \$0.00 Cash: 0.00 Ins: 2117.50 5610 SMITH, JOHN

Primary: 1) 1)MR/MR DX A/1 S52.531A DX G/7
 Secondary: 2 DX B/2 DX H/8
 Tertiary: 3 DX C/3 DX I/9
 Claim Status: Unbilled DX D/4 DX J
 Route Slip: DX E/5 DX K
 DX F/6 DX L

Claim Type: Location: 04 - GENIUS SOLUTIONS
 Doctor: 03 - GREGORY HOUSE
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Ins Remarks Cln Notes Prg files Last Claim ☒ ICD10

☐ Attach CMN

| DOS From | DOS To | Procedure | Dr | DX Ptr | Pos | Qty | Charge Srv | Charge Pat | Mfy1 | Mfy2 | Mfy3 | Mfy4 | BTI | R | E | Recall | Misc Dt |
|------------|------------|-----------|----|--------|-----|---------|------------|------------|------|------|------|------|-----|-------------------------------------|-----|--------|---------|
| 01/08/2016 | 01/08/2016 | 00126 | 03 | 1 | 2 | 120.000 | 1080.00 | 0.00 | | | | | | <input checked="" type="checkbox"/> | ... | ... | |
| 01/08/2016 | 01/08/2016 | | | | | | 0.00 | 0.00 | | | | | | <input type="checkbox"/> | ... | ... | |

In this case, the Qty is 120 minutes and the charge reflects 9.00(the Charge from the Procedure Code)*120 (the Qty) and it is being multiplied because Multiply X Qty is marked within the Procedure Code.

The ANSI file will report the Anesthesia information in Loop 2400 the charge amount in SV1*02 (1080), the Unit of time MJ=Minutes in SV1*03, and the time span in SV1*04 (120).

```
LX*1~
SV1*HC:00126*1080*MJ*120***1~
```