

## Medical Necessity of Anesthesia in Question

The utilization of monitored anesthesia care (MAC) has been on the rise since in the last several years. Medicare saw an almost four-fold increase in the use of MAC modifier QS from 2000 to 2005. As the number and frequency of services has risen, payors are starting to stand up and take note.

As MAC utilization increases, payors are beginning to question the medical necessity of MAC for procedures that didn't require anesthesia care in the past. They are looking to cut costs without sacrificing patient care. MAC is one area where costs can be cut. The level of expertise provided by an anesthesia for routine services, such as GI endoscopies, is being questioned. Many payors are revising their MAC policies, requiring modifiers and denying routine MAC services. Larger payors have attempted to implement severe restrictions on MAC services provided during GI procedures. Following outcry from providers, they have since revised these policies however; although, they still intend to implement restrictive policies in the near future.

This is why it is so essential to remain informed of payor and carrier policies. Check their newsletter publications and websites frequently for changes to MAC and other important policies. It is important to stay abreast of what is happening with decision and policy making before policies are set in stone. As providers, the most effective time to combat payor policies and challenge new policies is when these policies are being drafted.

Other important steps to maximize reimbursement and avoid denials include updating ASA and CPT coding. Using new anesthesia and pain management codes as well as ICD-9-CM codes will increase compliance and decrease denials. It is also important to follow current payor policies and be up to date on compliance issues.

Providers should also be keenly aware of payor trends to anticipate changes in the future. Particularly if multi-year contracts are negotiated with hospitals and ambulatory surgery centers. There is real potential for getting stuck in a contract to perform services, which payors refuse to reimburse as policies change and services are restricted.

As the health care climate changes and anesthesia services evolve, it is no longer sufficient to just bill for services provided. Payors are asking more questions and the intricacies of their policies and procedures only tend to become more complex. Medical Account Services is committed to assisting our clients navigate the complex terrain of payor policies, procedures and compliance issues. We continually strive to provide our clients with current information and proactively intervene for their best interest whenever possible. We can be relied upon to provide a voice against complicated, detrimental payor policies and provide guidance in contract negotiations.