American Society of Anesthesiologists (ASA) Codes
Associated With CPT Surgical Codes Which May Require Prior Authorization

Prior Authorization

Anesthesiologists are NOT required to request prior authorization. The surgeon must obtain prior authorization when required for procedures identified in the Medical and Surgical Procedure Code List included with the Utah Medicaid Provider Manual for Physician Services. Exceptions (to the requirement that the surgeon obtain Prior Authorization before the procedure is performed) can be considered ONLY under one of the following circumstances:

1. The procedure was performed in a life-threatening or justifiable emergency situation.
2. Medicaid is responsible for the delay in prior authorization.
3. The patient is retroactively eligible for Medicaid.

Retroactive authorization for services related to these exceptions may be granted "after-the-fact" with appropriate documentation and review. If approved, the associated ASA code may also be reimbursed.

For additional information about the prior authorization process, refer to the Utah Medicaid Provider Manual, SECTION 1, or contact Medicaid Information.

Billing by Anesthesiologist

The anesthesiologist is required to enter the prior authorization number obtained by the surgeon for the CPT code when billing an ASA code related to a CPT procedure for a hysterectomy, sterilization or abortion. The ASA procedure codes listed below are associated with surgical codes that may require prior authorization by Medicaid. If federal requirements for obtaining prior authorization for a hysterectomy, sterilization or abortion are not met, Medicaid cannot reimburse either the physician or the anesthesiologist.

Criteria for Surgical Procedures

Specific information for numbered criteria may be found on the list Criteria for Surgical Procedures, a special attachment for two Utah Medicaid Provider Manuals: Hospital and Physician.

ASA Codes Associated with CPT Codes That May Require Prior Authorization

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>00402</td>
<td>Anesthesia for reconstructive breast procedures (reduction, augmentation, muscle flaps)</td>
</tr>
<tr>
<td>00580</td>
<td>Anesthesia for heart transplant or heart-lung transplant</td>
</tr>
<tr>
<td>00796</td>
<td>Liver transplant (recipient)</td>
</tr>
<tr>
<td>00840</td>
<td>Anesthesia for intraperitoneal procedures in lower abdomen (hysterectomy and sterilization)</td>
</tr>
<tr>
<td>00846</td>
<td>Anesthesia for radical hysterectomy</td>
</tr>
<tr>
<td>00848</td>
<td>Anesthesia for pelvic exenteration</td>
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</tbody>
</table>

¹ For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List.
00851  Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection. Diagnosis 66.2, 66.21, 66.2, 66.2. Refer to Criteria #10¹.
00869  Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; vasectomy, unilateral/bilateral. Diagnosis 70, 63.71, 63.73. Refer to Criteria #10¹.
00922  Anesthesia for seminal vesicles
00926  Male, external genitalia; radical orchiectomy, inguinal
00928  Anesthesia for inguinal orchiectomy
00932  Anesthesia for complete amputation of penis
00934  Anesthesia for radical amputation of penis with bilateral inguinal lymphadenectomy
00936  Anesthesia for radical amputation of penis with bilateral inguinal and iliac lymphadenectomy
00940  Anesthesia for abortion procedures
00944  Anesthesia for vaginal hysterectomy
00952  Anesthesia for hysteroscopy
01964  Anesthesia for abortion procedures. Refer to Criteria #17¹.

KEY TO DISTINGUISHING CODE CHANGES

New codes are in bold print.
A vertical line in the margin marks where text was changed.
An asterisk (*) marks where a code was deleted.

¹ For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List.