

# 10 ANESTHESIA BILLING MISTAKES

1

## NOT DOCUMENTING START AND STOP TIMES

Are you documenting start and stop times accurately?



Most anesthesia practices struggle with red flags like 5 minute increments and improper time codes. Follow the regulations stipulated by ASA in the Relative Value Guide and CMS rules.

2

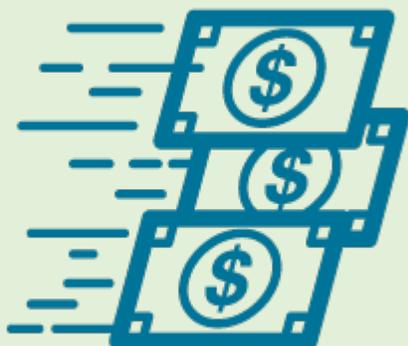
## THE STRANGE CASE OF MISSING MODIFIERS

Modifiers play a key role in anesthesia billing. Not adding appropriate modifiers to denote medical supervision or direction is the most common reason for [claim denials](#).



3

## PAIN BLOCKS BLOCK PAYMENTS



Not understanding the guidelines for documentation of the medical necessity of acute post-op pain blocks ranks highly amongst the most common anesthesia billing errors.



## NOT REPORTING QUALIFYING CIRCUMSTANCES

4

Reporting qualifying circumstances can not only [improve claim accuracy](#) but reimbursement as well. Many medical billers fail to do it. Additional codes have significant value and can mean higher reimbursement for the anesthesiologist or CRNA.

5

## PAYER CONTRACTS ARE NOT A ONE

Are you getting fair market value?



Failure to pore over your [payer contracts](#) can result in underpayments and fairly regular contractual variances.

## YOUR CHARGE MASTER NEEDS TO BE REVIEWED

6

Not monitoring the charge master is a mistake that almost every biller makes!



Insurers set their fee schedules based on the charges they receive from a provider. Undercharging providers is a grave billing mistake.

# 7

## BLACK-HOLE CLAIMS

Are your billers making the mistake of overlooking “black hole claims”? These are the claims that the payer has not taken any action upon.



Focusing solely on unpaid claims leads to black hole claims going unnoticed and unaddressed.

## YES. PHYSICAL STATUS MODIFIERS MATTER

# 8

Most insurance companies allow physical status modifiers.



These modifiers denote the patients’ overall physical health. Missing out on this modifier, results in revenue loss.

# 9

## FORGOT ALL ABOUT PRIOR AUTHORIZATION?

It is essential to meet [federal requirements](#) for obtaining prior authorization. Though anesthesiologists are not required to obtain prior authorization, it is important to follow up with surgeons and obtain necessary documentation prior to billing insurers.



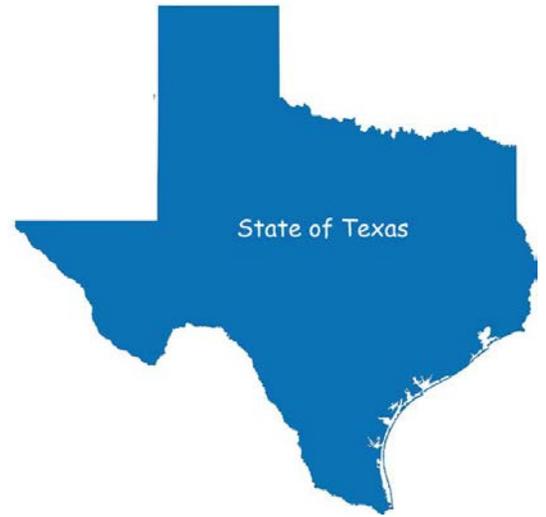
# 10 ERRORLESS MODIFIERS

Billing for anesthesia is vastly different from billing for other specialties. [Anesthesia billers](#) should have knowledge of how their state processes medical claims and how anesthesia charges work.

Do you know that you can avail of a [Lost Revenue Recovery Audit](#) conducted by certified revenue cycle and medical coding auditors? This audit will bring to the surface the biggest billing mistakes your anesthesia practice makes. And it is conducted by experienced auditors who specialize in anesthesia coding and billing

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## ABOUT US

AnesthesiaBillingBridge is a revenue cycle management and [medical billing company](#) that specializes in offering technology enabled RCM services for anesthesia practices. Our certified anesthesia coding experts provide wholesome and result-driven coding solutions. Power your anesthesia practice with the right teams and technology.

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