CHART TALK ~ ANESTHESIA CODING CONVERSATIONS

ANESTHESIA CODING & BILLING TIP SHEET

Qualifying Circumstances: 99100, 99116, 99135 & 99140

Qualifying circumstances are not automatic add-ons. The circumstance, documentation, code requirements, and payer rules must all align.

WHY THIS MATTERS

Qualifying circumstance codes describe specific circumstances that may make an anesthesia service more complex. They are separate from the primary anesthesia code, anesthesia time, physical-status modifiers, and anesthesia care-team modifiers. The presence of age, temperature management, hypotension, or an urgent case does not automatically establish a separately reportable qualifying circumstance.

THE CODING TIP

Identify → Verify → Document → Check the payer. When one of the four qualifying circumstances is being considered, verify the exact current CPT descriptor and criteria for the date of service, confirm that the anesthesia record supports those criteria, determine whether the circumstance is already inherent in the primary service, and then apply payer-specific reporting/payment rules.

THE FOUR QUALIFYING CIRCUMSTANCES

CODE	GENERAL CATEGORY	CODER'S KEY QUESTION
+99100	Extreme age	Does the patient's age meet the exact current CPT criteria, and is the circumstance separately reportable with the selected primary anesthesia code?
+99116	Total-body hypothermia	Was qualifying total-body hypothermia intentionally used and documented at the threshold required by the current CPT descriptor?
+99135	Controlled hypotension	Was deliberate controlled hypotension used as an anesthesia technique and supported by the record—not merely an episode of low blood pressure?
+99140	Emergency condition	Do the documented clinical circumstances satisfy the exact current CPT emergency definition rather than merely showing that the case was urgent, unscheduled, or performed after hours?

+99100 | EXTREME AGE

- Verify the patient's exact age on the date of service.
- Use the current CPT descriptor for the applicable age threshold; do not rely on a memorized or outdated age rule.
- Check whether the primary anesthesia code already accounts for the patient's age or otherwise affects separate reporting.
- Verify payer recognition and payment before assuming additional reimbursement.

+99116 | TOTAL-BODY HYPOTHERMIA

- Look for intentional use of total-body hypothermia as part of the anesthesia service.
- Verify the actual documented temperature and the exact current CPT temperature requirement.
- Do not confuse routine temperature monitoring, mild cooling, or ordinary perioperative hypothermia with a qualifying circumstance.
- Determine whether hypothermia is inherent in the primary anesthesia service/code before separately reporting it.

+99135 | CONTROLLED HYPOTENSION

- Look for deliberate, planned controlled hypotension used as an anesthesia technique.
- Routine intraoperative blood-pressure variation or treatment of unintended hypotension does not automatically support 99135.
- Review the anesthesia record for clinical intent and supporting hemodynamic documentation.
- Verify current CPT and payer requirements before reporting.

+99140 | EMERGENCY CONDITION

- Emergency is a defined coding circumstance—not simply a scheduling label.
- Do not equate 'urgent,' 'STAT,' emergency-department origin, add-on case, nighttime case, or weekend case with 99140 automatically.
- Review the clinical facts showing why delay would materially increase the threat described by the current CPT definition.
- Keep emergency qualifying-circumstance coding separate from P5 physical status; they answer different questions.

KEEP THE CODING CATEGORIES SEPARATE

CATEGORY	WHAT IT ANSWERS
Primary anesthesia code	What anesthesia service/procedure was performed?
P1–P6	What was the patient's overall pre-anesthesia physical status?
99100/99116/99135/99140	Was a defined qualifying circumstance present?
AA/QK/QY/QX/QZ/AD	What was the anesthesia provider relationship/care model?
Time	How much reportable anesthesia time was supported?

COMMON CODING MISTAKES

- Reporting 99100 from memory without checking the current age criteria.
- Reporting 99116 because the patient became cold rather than because qualifying total-body hypothermia was intentionally used.
- Reporting 99135 for any documented hypotension.
- Reporting 99140 because the case was marked 'emergency' in the schedule without reviewing the clinical definition.
- Assuming a qualifying circumstance always generates additional payer reimbursement.
- Using a qualifying-circumstance code to compensate for case complexity that is not otherwise supported.

CODER'S TIP

For every qualifying circumstance, ask four questions: What exactly happened? Does it meet the current code definition? Where is it supported in the record? What does this payer do with the code? If any one of those answers is unclear, stop before adding the code.

QUICK EXAMPLE

Scenario: An operative schedule labels a case 'urgent/emergency.' The anesthesia record shows the patient's condition and the reason the procedure could not safely be delayed.

Coding point: Do not assign 99140 from the schedule label. Compare the documented clinical facts with the current CPT emergency definition and report the qualifying circumstance only if the definition is met and payer requirements support reporting.

PAYMENT REMINDER

Correct coding and payment are separate questions. Payers may recognize, bundle, deny, or reimburse qualifying-circumstance codes differently. Medicare and commercial payer treatment should not be assumed to be identical. Verify the current payer policy and contract after determining whether the code is clinically and technically supported.

AUTHORITATIVE RESOURCES

- Current AMA CPT code set — verify the exact descriptors and requirements for 99100, 99116, 99135, and 99140.
- Current ASA Relative Value Guide (RVG) — review anesthesia-specific guidance and unit information.

- CMS Anesthesiologists Information Center and applicable Medicare payment resources.
- Current payer policy/contract — verify recognition, bundling, reporting, and reimbursement.

BOTTOM LINE

A circumstance may be unusual without being a qualifying circumstance.

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