Medicare Learning Network
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CMS CENTERS for MEDICARE & MEDICAID SERVICES
Information for Medicare Fee-for-Service Health Care Professionals

News Flash – **Medicare paid over $92 million in incentives for 2008 under the Physician Quality Reporting Initiative (PQRI).** More than 85,000 physicians and other eligible professionals who successfully reported quality-related data to Medicare under the 2008 PQRI received these payments, which were well above the $36 million paid in 2007. The number of eligible professionals who earned an incentive payment increased by one-third from 2007, when 56,700 eligible professionals earned an incentive payment. More information about the PQRI program, including participation guidance and the criteria to qualify for an incentive payment is available at ***http://www.cms.hhs.gov/PQRI*** on the CMS website.

MLN Matters® Number: MM6706

Related Change Request (CR) #: 6706

Related CR Release Date: November 20, 2009

Effective Date: Effective for services on or after January 1, 2010

Related CR Transmittal #: R1859CP

Implementation Date: January 4, 2010

MIPPA Section 139 Teaching Anesthesiologists

Provider Types Affected

Anesthesiologists and Certified Registered Nurse Anesthetists (CRNA) need to know about this issue if they bill Medicare carriers and/or Medicare Administrative Contractors (A/B MAC) for providing teaching anesthesia services for anesthesia residents and student nurse anesthetists.

What You Need to Know

CR 6706, from which this article is taken, implements Section 139 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). This section of MIPPA: 1) Establishes a special payment rule for teaching anesthesiologists (effective for services furnished on or after January 1, 2010); 2) Specifies the periods during which the teaching anesthesiologist must be present during the procedure in order to receive payment based on the regular anesthesia fee schedule amount; and 3) Provides the Secretary of Health and Human Services (HHS) a directive that addresses payments for the anesthesia services of teaching certified registered nurse anesthetists (CRNA).

Please see the Background section, below, for details.

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Background

Teaching Anesthesiologist Payment

For anesthesia services furnished prior to January 1, 2010, payment for the services of a teaching anesthesiologist involved in cases with anesthesia residents was determined in the following manner:

- If the teaching anesthesiologist was involved in a single case with an anesthesia resident, and satisfied the criteria in the *Medicare Claims Processing Manual*, Chapter 12 (Physicians/Non-physician Practitioners), section 100.1 (Payment for Physician Services in Teaching Settings Under the MPFS), payment could made based on the anesthesia fee schedule amount, which would be the same as if the anesthesiologist performed the anesthesia case alone.
- If the anesthesiologist medically directed the provision of anesthesia services in two, three or four concurrent cases and any of which involved residents, then payment was made for the physician's involvement in the resident case(s) under the medical direction payment policy. Under this policy, payment for the anesthesiologist service would be based on 50% of the anesthesia fee schedule that would apply if the anesthesiologist performed the cases alone.

CR 6706, from which this article is taken, announces a change to this payment policy for teaching anesthesiologists, through the implementation of Section 139 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

Specifically, (effective for anesthesia services furnished on or after January 1, 2010) payment may be made to a teaching anesthesiologist under the Medicare physician fee schedule, at the regular fee schedule level, if he or she is involved in the training of residents in a single anesthesia case, two concurrent cases, or in a single case that is concurrent to another case paid under the medical direction rules.

Note: *The medical direction payment policy would apply to the concurrent case (above) if it involves a CRNA, Anesthesia Assistant (AA), or student nurse anesthetist.*

In order for this special payment rule to apply: 1) The teaching anesthesiologist (or different anesthesiologists in the same physician group) must be present during all critical or key portions of the anesthesia service; 2) If different teaching anesthesiologists in the anesthesia group are present during the key or critical periods, the performing physician (for purposes of claims reporting) is the teaching anesthesiologist who started the case; and 3) The teaching anesthesiologist (or another anesthesiologist with whom the teaching anesthesiologist has entered into

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an arrangement) must be immediately available to furnish anesthesia services during the entire procedure.

Note: *If more than one teaching anesthesiologist in the anesthesia group is present during the key or critical periods, the National Provider Identifier (NPI) of the teaching anesthesiologist who started the case must be indicated in the appropriate field on the claim. A teaching anesthesiologist in a group practice would put his/her NPI in field #24 (as the rendering physician) and the NPI of the group would go in field #33.*

Finally, the patient's medical record documentation must indicate the teaching physician's presence during all critical or key portions of the anesthesia procedure and the immediate availability of another teaching anesthesiologist as necessary. The teaching anesthesiologist should use the "AA" modifier (Anesthesia services performed personally by anesthesiologist) and the "GC" certification modifier (The Teaching Physician was present during the key portion of the service and was immediately available during other parts of the service) to report such cases.

Anesthesia Services and Teaching CRNAs

CR 6706 also provides a new section in the *Medicare Claims Processing Manual* that addresses payment for teaching CRNAs. This section -- Section 140.5 (Payment for Anesthesia Services Furnished by a Teaching CRNA) in Chapter 12 (Physicians/Non-physician Practitioners) is attached to CR 6706.

This new section reiterates that a teaching CRNA (not under the medical direction of a physician) can be paid under Medicare Part B when continuously present and supervising a single case involving a student nurse anesthetist. In this single-case scenario, if the teaching CRNA is supervising a case performed by a student nurse anesthetist and is present with the student throughout the case, payment was made at the regular fee schedule rate. The CRNA should report the service using the usual "QZ" modifier which designates that he or she is not medically directed by an anesthesiologist.

Further, the American Association of Nurse Anesthetists (AANA) indicates that their standards for approved nurse anesthetist training programs allow a teaching CRNA to supervise two concurrent cases involving student nurse anesthetists. Thus (for services furnished on or after August 1, 2002), a teaching CRNA (not under the medical direction of a physician can also be paid under Medicare Part B when supervising two student nurse anesthetists.

In this scenario, the CRNA has historically been paid in the following manner:

- By recognizing the full base units (assigned to the anesthesia code) when the teaching CRNA is present with the student nurse anesthetist throughout pre and post anesthesia care; and

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- By recognizing the actual time the teaching CRNA is personally present with the student nurse anesthetist.

CR 6706 provides that the payment policy for the teaching CRNA in the single student nurse anesthetist case remains unchanged for services furnished on or after January 1, 2010; however, under MIPPA Section 139, when involved with two concurrent cases with student nurse anesthetists (on or after this date), he or she can be paid at the regular fee schedule rate for each case.

To bill the base units for each of the two cases, the teaching CRNA must be present with the student during the pre and post anesthesia care for each case; and bill the time for each based on the actual amount of time present with the student nurse anesthetist.

In addition, while he or she can decide how to allocate time to optimize patient care in the two cases based on the complexity of the anesthesia case, the experience and skills of the student nurse anesthetist, the patient's health status and other factors; the CRNA must continue to devote all of his or her time to the two concurrent student nurse anesthetist cases and not be involved in other anesthesia cases.

For services furnished on or after January 1, 2010, the teaching CRNA should report these cases with the QZ modifier as described above. You should also remember that the teaching CRNA's medical record documentation in these cases must be sufficient to support the payment of the fee and be available for review upon request. Additionally, be aware that no payment is made under Part B for the service provided by a student nurse anesthetist.

Note: *No new payment modifiers are being created to describe the services of teaching anesthesiologists or teaching CRNAs. Both teaching anesthesiologists and teaching CRNAs should continue to report their anesthesia services using the existing anesthesia payment modifiers.*

Additional Information

You can find more information about payment for teaching anesthesiologists and CRNAs by going to CR 6706, located at ***http://www.cms.hhs.gov/Transmittals/downloads/R1859CP.pdf*** on the Centers for Medicare & Medicaid Services (CMS) website. You will find updated *Medicare Claims Processing Manual* Chapter 12 (Physicians/Non-physician Practitioners), Sections 50 (Payment for Anesthesiology Services), 100.1.4 (Anesthesia), and 140.5 (Payment for Anesthesia Services Furnished by a Teaching CRNA)) as an attachment to that CR.

If you have any questions, please contact your carrier or A/B MAC at their toll-free number, which may be found at

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http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip on the CMS website.

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