

VANNA



Virginia Association of
Nurse Anesthetists

Anesthesia billing: Knowing your worth

Jeffrey E. Molter CRNA MSN MBA

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AANA Journal Course

Update for Nurse Anesthetists

Transversus Abdominis Plane (TAP) Blocks

Scott Urigel, CRNA, MSN
Jeffrey Molter, CRNA, MSN, MBA

Transversus abdominis plane (TAP) blocks are a relatively new regional anesthetic technique used in a multimodal approach to provide postoperative analgesia of the anterolateral abdominal wall. The technique for placing TAP blocks has evolved from a landmark technique. There are 3 variations of the TAP: subcostal, thorohypogastric. The dissection of the extent of sensory

of the surgical procedure. Overall, TAP blocks result in postoperative pain and opioid requirements, and in fewer side effects such as respiratory depression, and should examine which type of local anesthetics are used.

Keywords: Hydrodissection

6

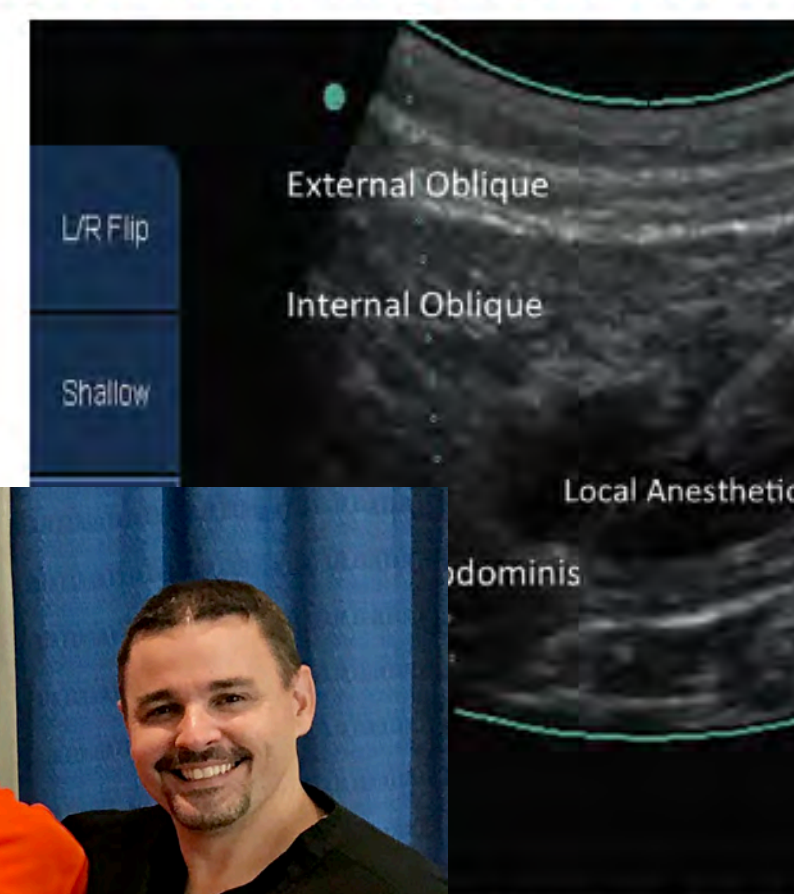
ANESTHESIA ALERT

Scott Urigel, CRNA, MSN, and Jeff Molter, CRNA, MSN, MBA

TAP Blocks for Abdominal Sur

This nerve block preserves lower limb motor and sensory function.

A relatively new peripheral nerve block that anesthetizes the nerves supplying the anterior



AANA Advancing patient safety and excellence in anesthesia
JOURNAL
Month 2012
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and confirms that the needle has reached the TAP



SPRINGER PUBLISHING COMPANY

Joyce J. Fitzpatrick
Celeste M. Alfes
Ronald L. Hickman, Jr.
Editors

A Guide to Mastery in Clinical Nursing

The Comprehensive Reference



Learner Objectives

- **Describe components of an anesthesia charge/bill**
- **Explain the different types of billing codes (QZ, AA, QY)**
- **Understand opposition to QZ billing**

National Provider Identifier (NPI)

npiregistry.cms.hhs.gov

1821080243	JEFFREY MOLTER		1709 MEDICAL BLVD FINDLAY, OH 45840-1398	419-429-0409	Nurse Anesthetist, Certified R...
1326258633	JEFFREY MOLTER		6955 W TESCH AVE MILWAUKEE, WI 53220-2417	414-475-8126	Psychologist

**(Base units + Time units + modifier
units)**



X

RATE

<u>COMMON PROCEDURES</u>	<u>base units</u>
tympanotomy	4
laparoscopic cholecystectomy	7
inguinal herniorrhaphy	4
hip arthroplasty	8
diagnostic knee arthroscopy	4
insert central line (over age 5)	5
labor epidural	5
diagnostic colonoscopy	3
knee arthroplasty	7
CABG (off pump)	25

Anesthesia TIME

The time during which a CRNA is present with the patient. It starts when the CRNA begins to prepare the patient for anesthesia services in the operating room or an equivalent area and ends when the *CRNA* is no longer furnishing anesthesia services to the patient, that is, when the patient may be placed safely under postoperative care.

<u>MODIFIERS</u>	units
age <1 or >70	1
physical status III	1
emergency	2
hypothermia utilization	5
controlled hypotension	5

Simple Cataract

(base units	+	time units	+	modify)	x	rate	=	
4		2		2		\$85		\$680

what we bill

Shoulder Scope/RCR

base units	+	time units	+	modify	x	rate	=	
5		12		2		\$85		\$1615
5		12		2		\$52		\$988
5		12		0		\$22		\$374
5		12		0		\$16		\$272

what we bill


private payor

medicare

medicaid

<u>cpt</u>	<u>PNB FOR POST OP PAIN RELIEF</u>	<u>billed</u>	<u>paid</u>
64415	brachial plexus	\$156	\$71
64445	sciatic nerve	\$172	\$73
64447	femoral	\$159	\$60
64450	other nerve branch	\$107	\$66
64488	Bilat TAP single injection	\$195	\$78
64425	ilioinguinal TAP	\$222	\$92
76942	ultrasound guidance	\$516	\$47

CMS 1500/HICFA form

 **HEALTH INSURANCE CLAIM FORM** APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

ANTHEM BLUE CROSS BLUE SHIELD
PO BOX 105187
ATLANTA, GA , 30348 5187

PICA **1 CB 14625** PICA

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input checked="" type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1) YRN446M66411	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) [REDACTED]		4. INSURED'S NAME (Last Name, First Name, Middle Initial) [REDACTED]	
3. PATIENT'S BIRTH DATE MM DD YY 01 28 1963 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		7. INSURED'S ADDRESS (No., Street) [REDACTED]	
6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		8. RESERVED FOR NUCC USE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) _____ c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO d. INSURANCE PLAN NAME OR PROGRAM NAME	
11. INSURED'S POLICY GROUP OR FECA NUMBER 00170850		12. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a and 9d.	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SOF DATE _____		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SOF	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY _____ QUAL _____		15. OTHER DATE MM DD YY _____ QUAL _____	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN ALAMMAR, JIHAD MD		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY 02 15 2017 TO MM DD YY _____	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES _____	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) A. Z12.11 B. D12.5 C. K57.30 D. K64.8 E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____		22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #		23. PRIOR AUTHORIZATION NUMBER	
1 02 15 2017 02 15 2017 24 00810 QZ ABCD 680 00 32 N NPI 1821080243			
2			
3			
4			
5			
6			
25. FEDERAL TAX I.D. NUMBER SSN EIN 452849338 <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. W43810	
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 680 00 29. AMOUNT PAID \$ 0 00 30. Rsvd for NUCC use 680 00	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) JEFF MOLTER 03/01/2017 SIGNED DATE		32. SERVICE FACILITY LOCATION INFORMATION FINDLAY SURGERY CENTER 1709 MEDICAL BLVD FINDLAY OH 45840 1398 a. 1780610576 b. _____	
		33. BILLING PROVIDER INFO & PH. # (360) 6673065 WESTERN RESERVE ANESTHESIA ASSOCIAT PO BOX 821350 VANCOUVER WA 98682 0030 a. 1083992374 b. _____	

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB 0938-1197 FORM 1500 (02-12)
WCMS-1500CS-12

FIRST FOLD WHCF-10-EN

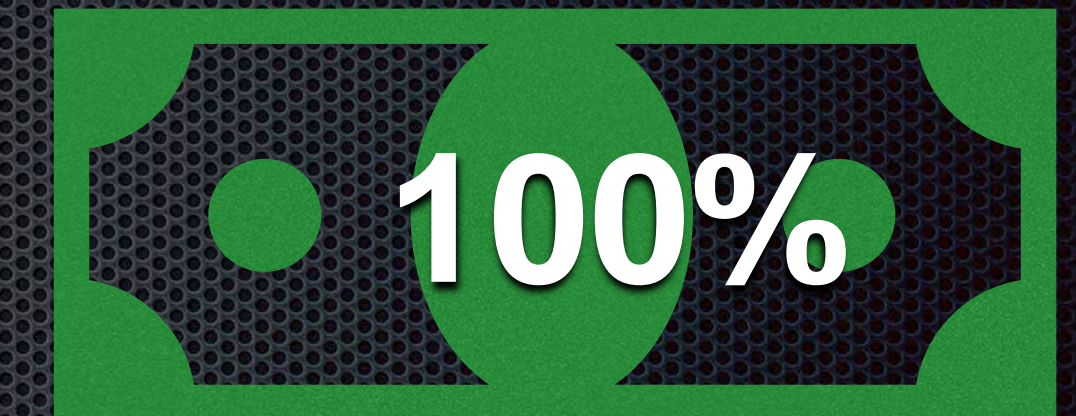
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19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES																								
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24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #								
Begin 0840 End 0912Time 32 Minutes																																		
1 02 15 2017 02 15 2017 24										00810		QZ				ABCD		680 00		32		N		1821080243										
2																				NPI														
3																						NPI												
4																						NPI												
5																						NPI												
6																						NPI												
25. FEDERAL TAX I.D. NUMBER 452849338					SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>					26. PATIENT'S ACCOUNT NO. W43810					27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					28. TOTAL CHARGE \$ 680 00					29. AMOUNT PAID \$ 0 00					30. Rsvd for NUCC use 680 00				
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					a. 1780610576					b.					a. 1083992374					b.														

PHYSICIAN OR SUPPLIER INFORMATION

Models of delivery/coding

NA

Nurse Anesthesiologist

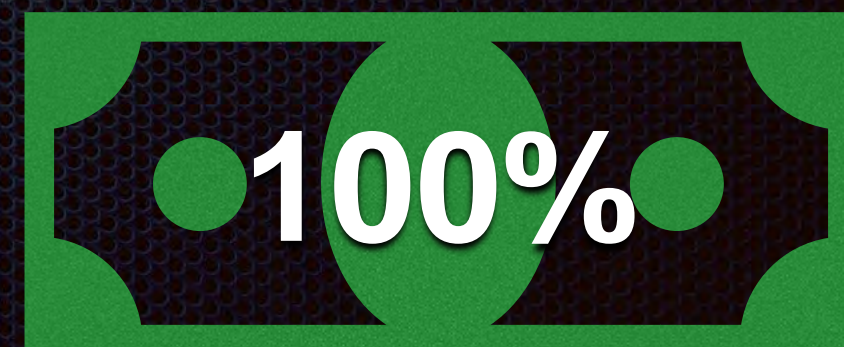
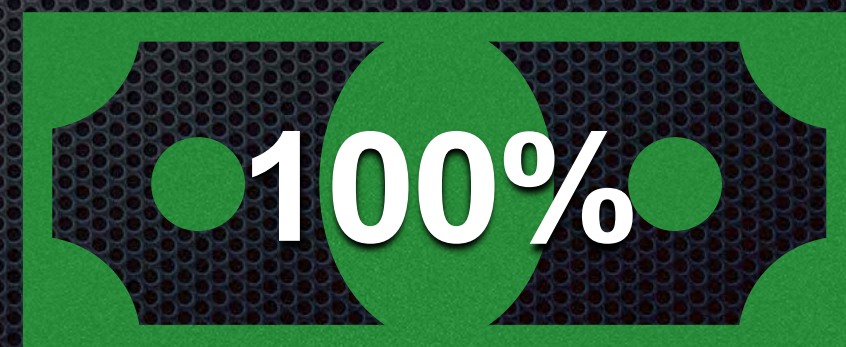
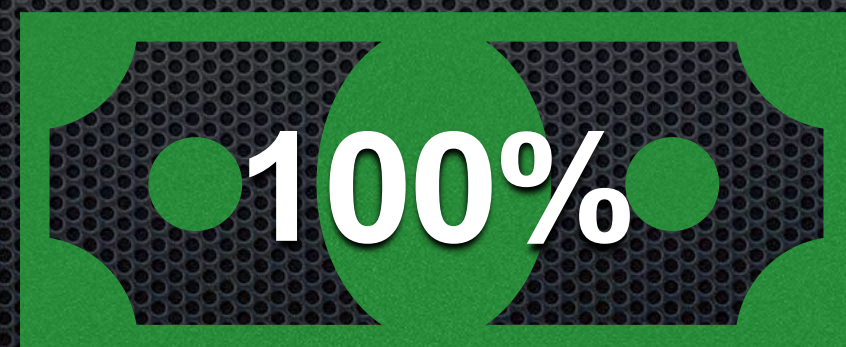
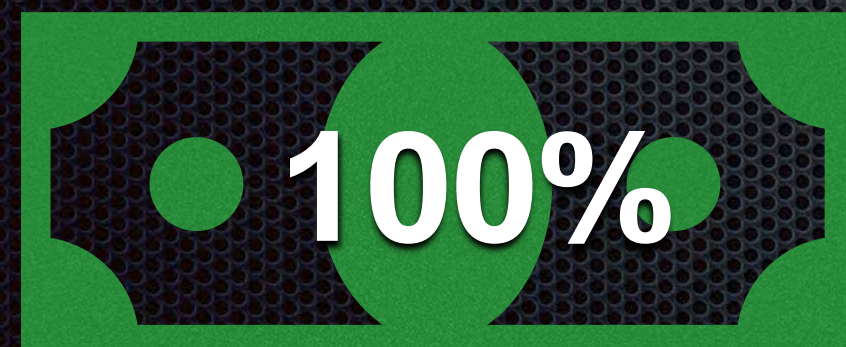
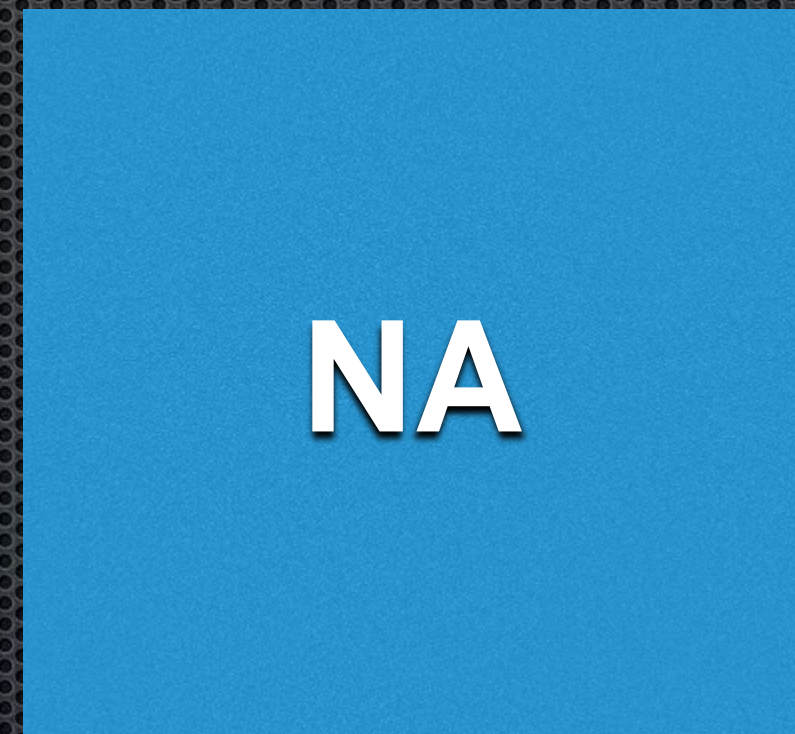
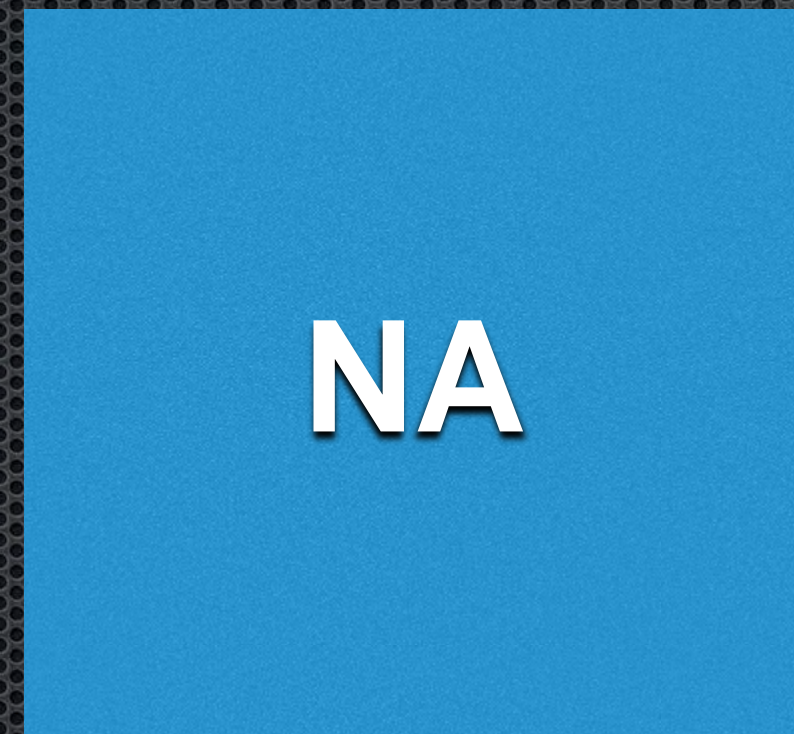
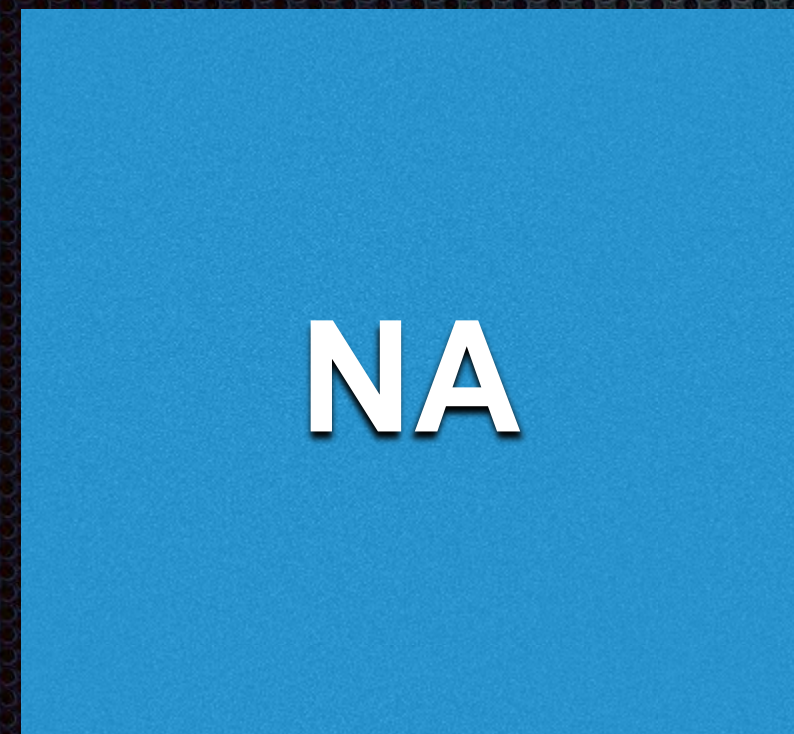


PA

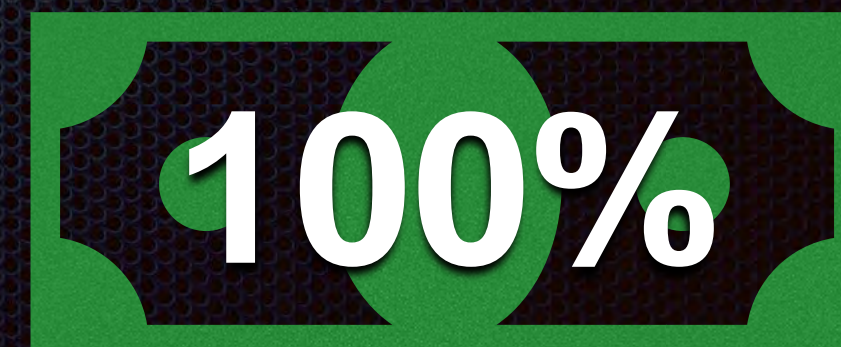
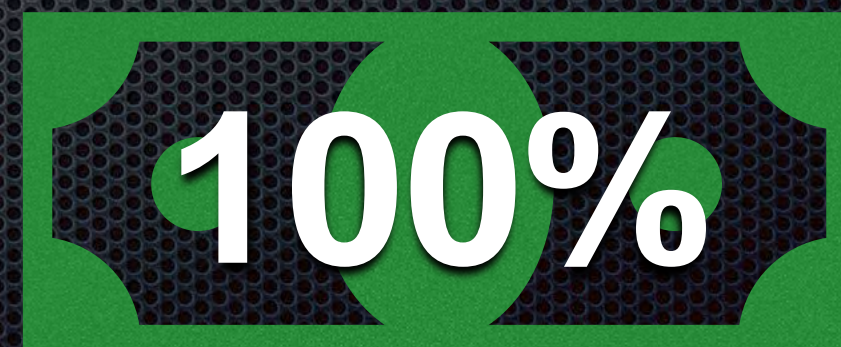
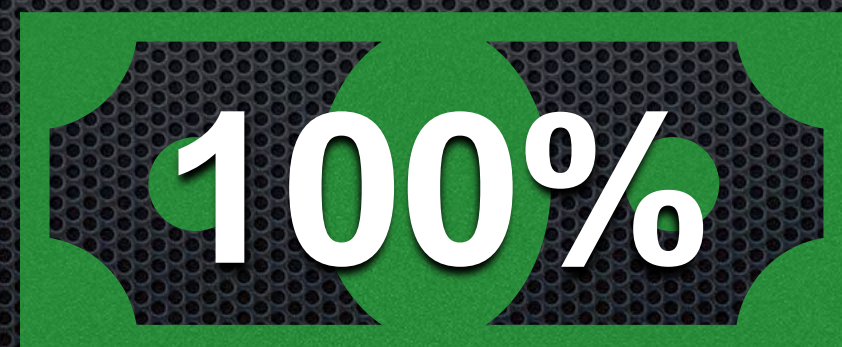
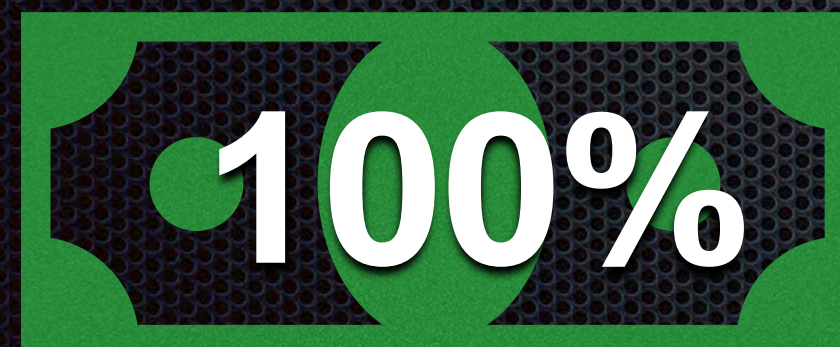
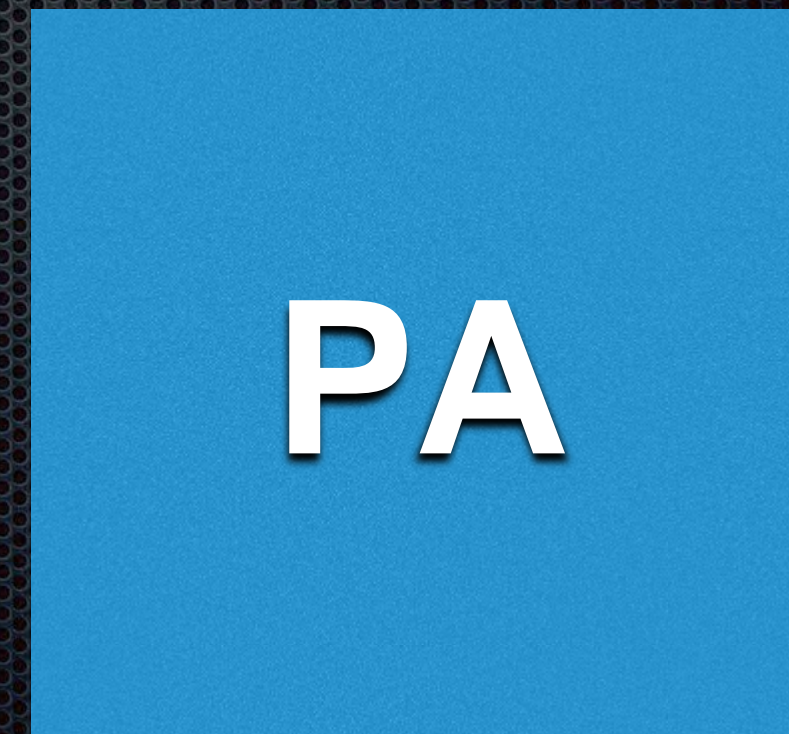
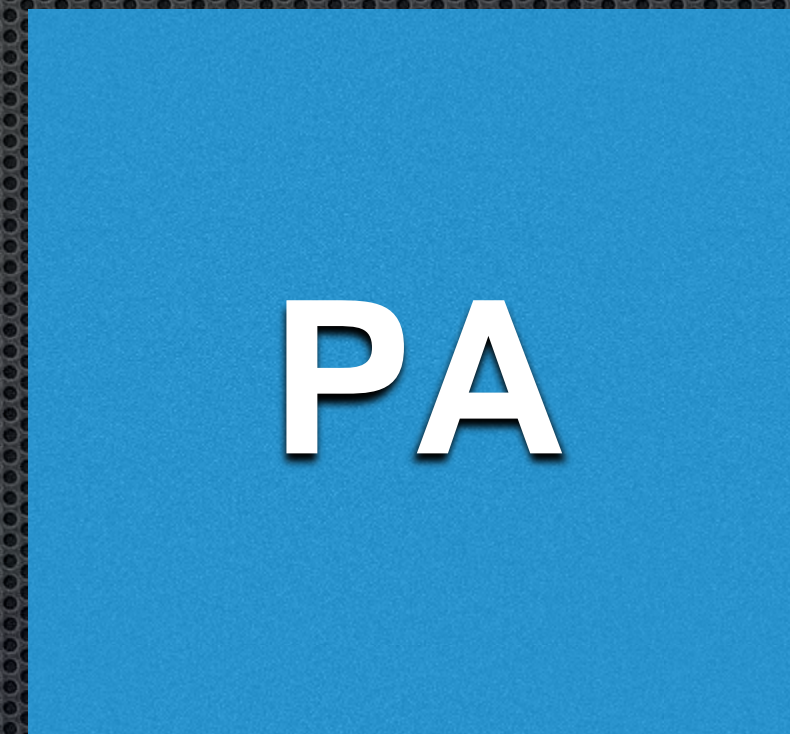
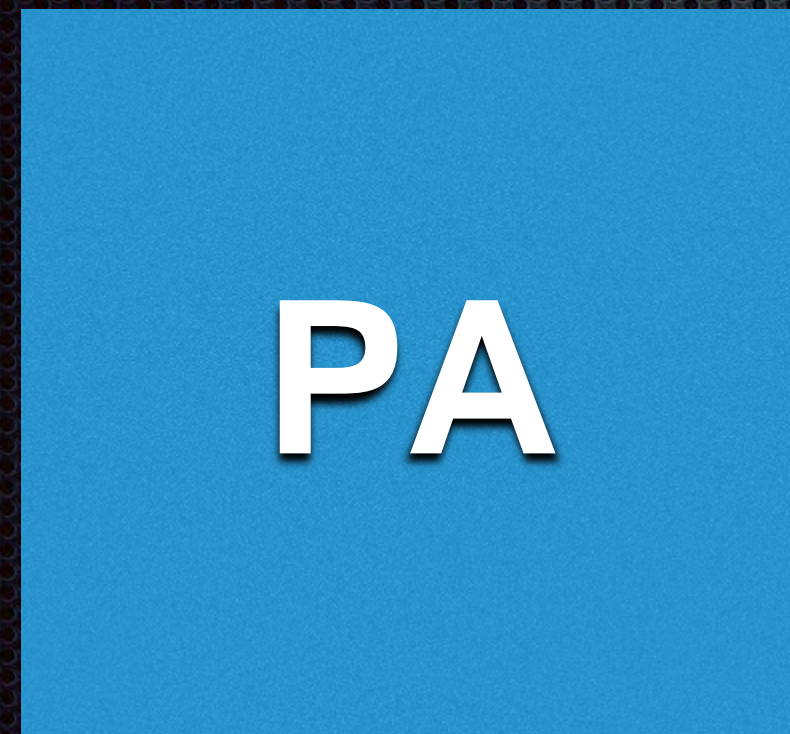
Physician Anesthesiologist



Solo Practice Model



Solo Practice Model



50%

NA



PA

50%*1

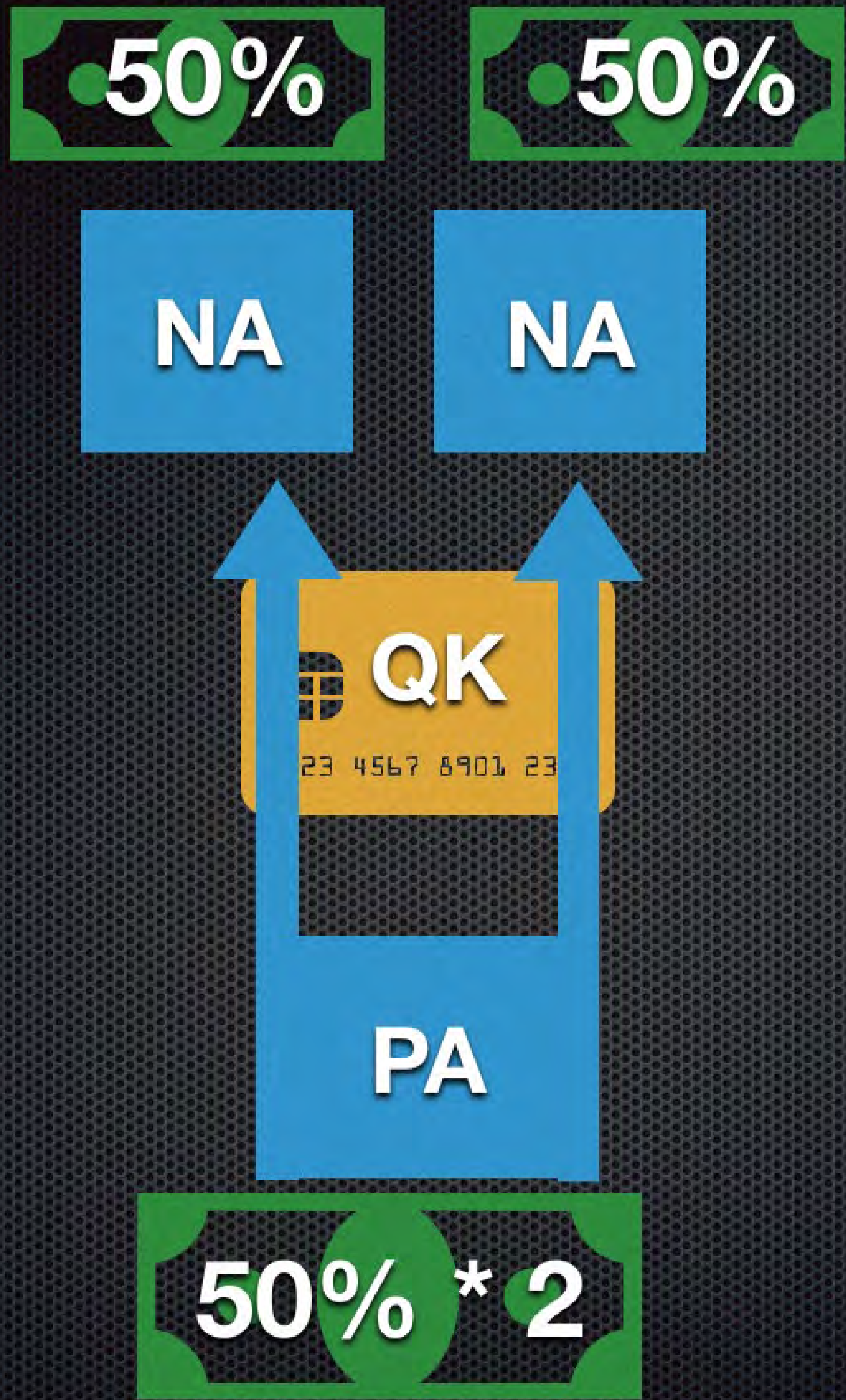


Medical Direction 1:1

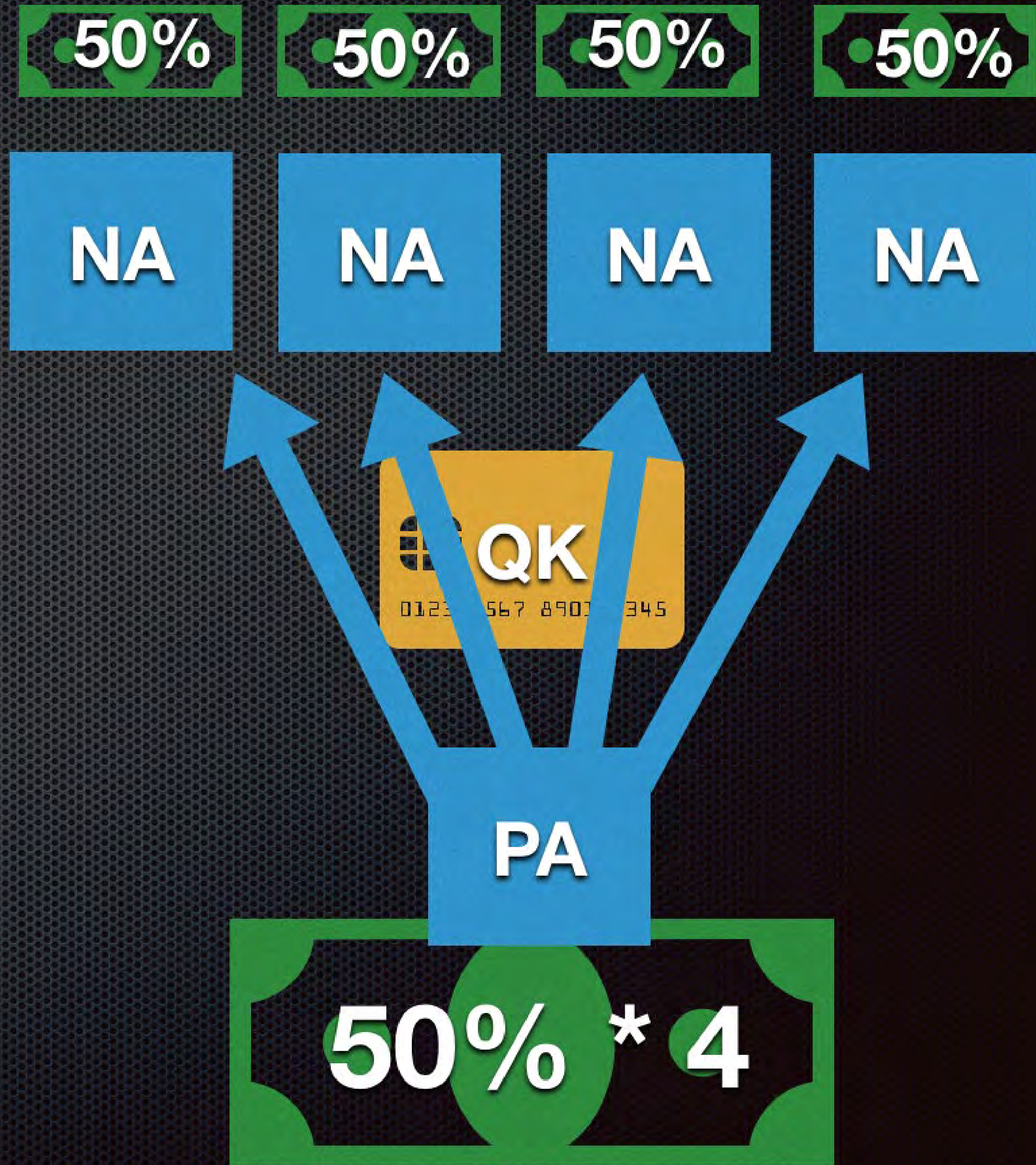
- **Prescribe anesthesia plan**

TEFRA

- **Personally participate in most demanding procedures of anesthesia plan**
- **Any procedure not personally performed, performed by a qualified anesthetist**
- **Monitor course of anesthesia at frequent intervals**
- **Physically present and available for immediate diagnosis and treatment**
- **Provide indicated post anesthesia care**



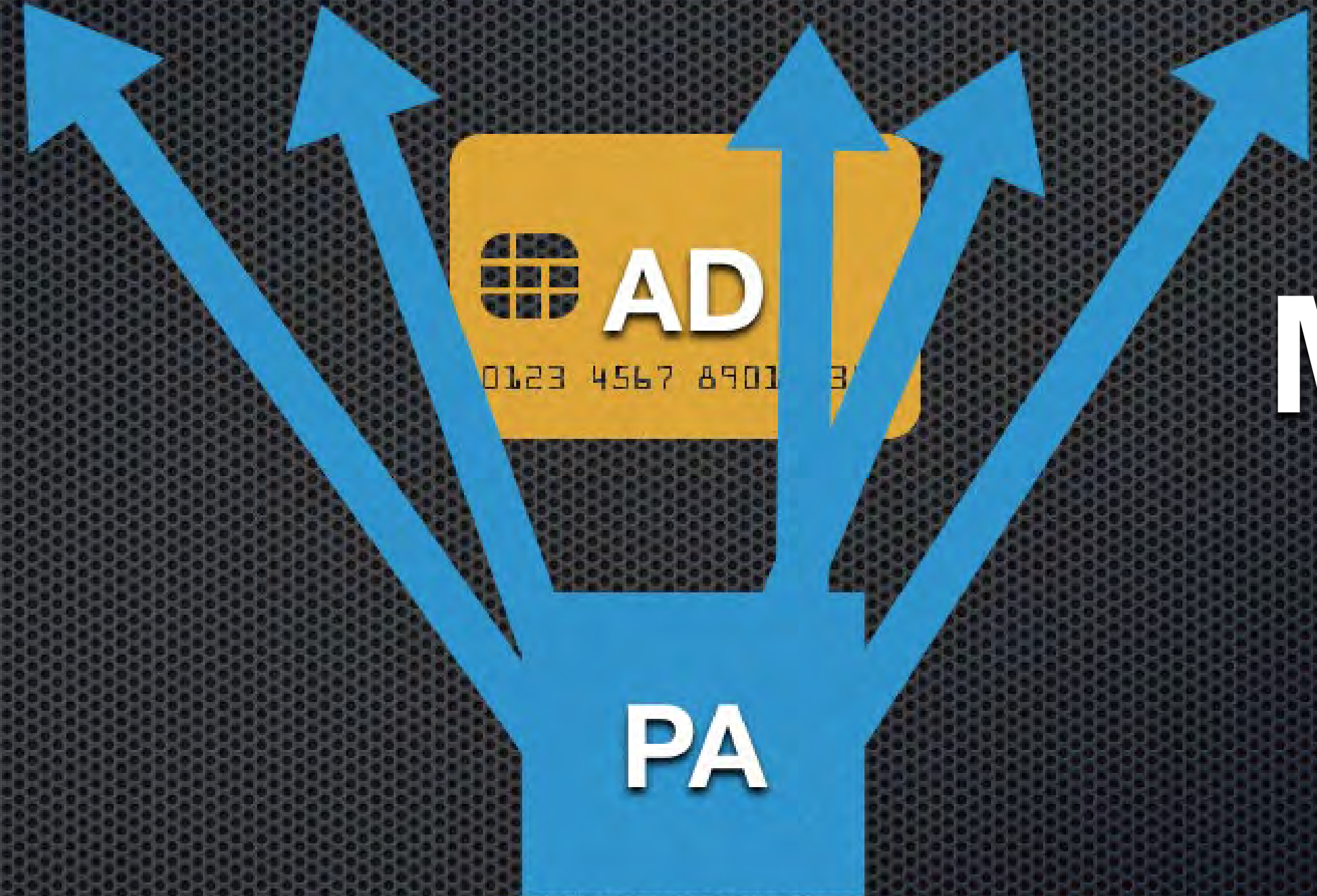
Medical Direction 1:2



Medical Direction 1:4

50% 50% 50% 50% 50%

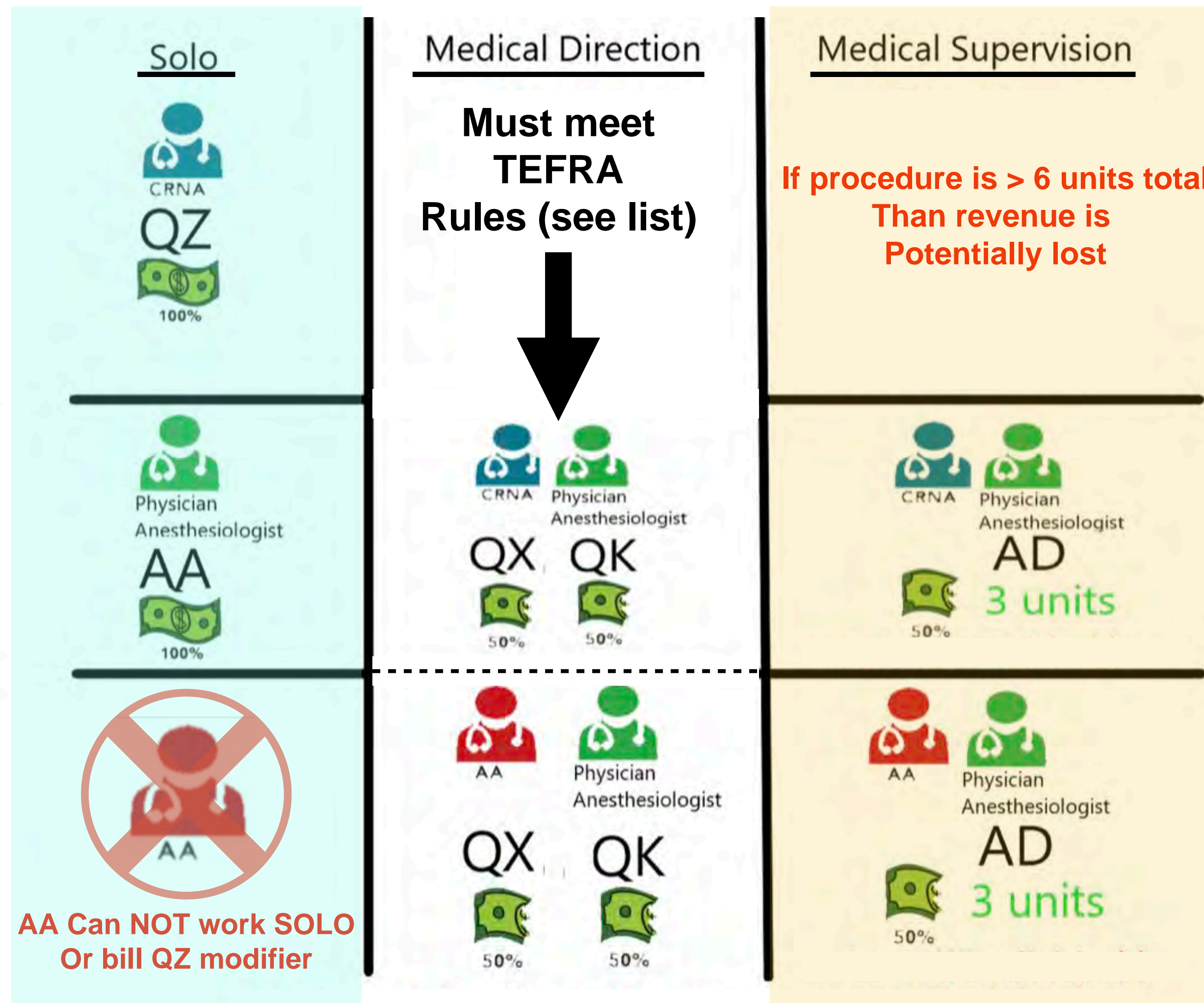
NA NA NA NA NA



Medical Supervisor 1:>4

3 units*5

Modifiers QZ, AA, QX, QK and AD define provider types And Reimbursement



TEFRA Rules for Physician Anesthesiologists Medically Directing CRNAs or AAs

- Perform a pre-anesthetic examination and evaluation
- Prescribe anesthesia plan
- Personally participate in most demanding procedures of anesthesia plan
- Any procedure not personally performed, is performed by a qualified anesthetist
- Monitor course of anesthesia at frequent intervals
- Physically present and available for immediate diagnosis and treatment
- Provide indicated post anesthesia care

Infographic is for educational purposes only: Please consult with an anesthesia billing expert for your specific situation.

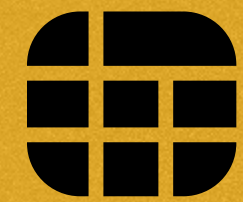
Non Medically Directed

NA

\$425,000

\$425,000

NA



QZ

0123 4567 8901 2345

NA

\$425,000

\$425,000

NA

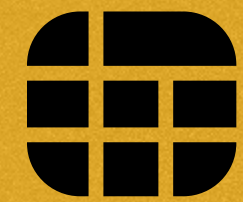
Medical Direction

NA

\$212,500

\$212,500

NA



QK

0123 4567 8901 2345

NA

\$212,500

\$212,500

NA

Medical Direction 1:2



\$425,000

PA

Medical Direction 1:3



\$637,500

PA

Medical Direction 1:4



\$850,000

PA

Influence of Supervision Ratios by Anesthesiologists on First-case Starts and Critical Portions of Anesthetics

Richard H. Epstein, M.D., C.P.H.I., M.S.,* Franklin Dexter, M.D., Ph.D.†

Anesthesiology
2012

ABSTRACT

Background: Anesthesia groups may wish to decrease the supervision ratio for nontrainee providers. Because hospitals offer many first-case starts and focus on starting these cases on time, the number of anesthesiologists needed is sensitive to this ratio. The number of operating rooms that an anesthesiologist can supervise concurrently is determined by the probability of multiple simultaneous critical portions of cases (*i.e.*, requiring presence) and the availability of cross-coverage. A simulation study showed peak occurrence of critical portions during first cases, and frequent supervision lapses. These predictions were tested using real data from an anesthesia information manage-

What We Already Know about This Topic

- The most appropriate ratio of anesthesiologists to providers would avoid lapses of supervision during critical portions of anesthetic cases. A simulation study suggested this occurs most commonly with simultaneous first starts.

What This Article Tells Us That Is New

- In a review of 1 yr of data from a tertiary hospital, lapses occurred commonly during first-case starts even with a 1:2 supervision ratio.
- These data suggest that either staggered starts or additional anesthesiologists working at the start of the day would be needed to reduce lapses during critical periods.

most commonly with simultaneous first starts.

What This Article Tells Us That Is New

- In a review of 1 yr of data from a tertiary hospital, lapses occurred ~~commonly during first case starts~~ even with a 1:2 supervision ratio.
- These data suggest that either staggered starts or additional anesthesiologists working at the start of the day would be needed to reduce lapses during critical periods.

starts. To mitigate such lapses, either staggered starts or additional anesthesiologists working at the start of the day

Billing for Anesthesia Services and the QZ Modifier: A Lurking Problem

Jason R. Byrd, J.D.

Sharon K. Merrick, M.S., CCS-P

Stanley W. Stead, M.D., M.B.A., Chair
Committee on Economics

High quality anesthesia care is provided in the United States by anesthesiologists or anesthesiologist-led anesthesia care teams. Recognizing the fact that nonphysician providers often play a role in the administration of anesthesia services, the Centers for Medicare & Medicaid Services (CMS) has designed its anesthesia payment system essentially around four categories: personally performed, teaching, medically directed and medical supervision. Many of these terms are confused and used interchangeably by our members, so we thought it appropriate to set the record straight and illuminate a significant lurking problem with one billing modifier: the QZ.

Categories of Anesthesia Services

Personally performed cases means as the name suggests – a physician performs the anesthesia service him/herself. The Medicare Claims Processing Manual, Chapter 12, defines the various categories and their regulatory requirements. In order to bill the federal government for a claim you determine was

personally performed, you must personally perform the entire anesthesia service alone, or be continuously involved in a single case involving a student nurse anesthetist. There is a medically necessary exception that allows a physician and a certified registered nurse anesthetist (CRNA) or anesthesiologist assistant (AA) to receive full payment at the personally performed rate; however, this exception is relatively rare.

Anesthesia claims modifiers are used to document to CMS and some private payers the level/category of anesthesia services provided. For a personally performed case, the appropriate modifier is “AA.” Medicare payment for such services is 100 percent of the Medicare allowed amount, which is calculated by adding the base unit for the anesthesia code to the total time units for the procedure (total anesthesia time/15, rounded to the nearest tenth) and multiplying by your geographically adjusted anesthesia conversion factor.

Teaching occurs when a physician is involved in the training of physician residents in up to two concurrent cases, or the training of physician residents in one case that is concurrent to another case paid under medical direction (see below). It is

Jason R. Byrd, J.D.

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Committee on Anesthetics

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personally performed anesthesia services, a case involving necessary emergency registered nurse (AA) to receive however, this Anesthesia and some provided. modifier is ‘



Efficiency-driven Anesthesia Modeling (EDAM)

The American Association of Nurse Anesthesiology recently developed Efficiency-driven Anesthesia Modeling, a new way of approaching anesthesia staffing.

[→ Get the details](#)

- * (base units + time units + modifiers) x rate**
- * QZ modifier is non medically directed CRNA**
- * Medical direction requires TEFRA compliance**
- * Opposition to QZ billing**
- * CRNAs are a part of the solution to escalating health care costs**

jeffmolter@me.com

VANNA



Virginia Association of
Nurse Anesthetists

Anesthesia billing: Knowing your worth

Jeffrey E. Molter CRNA MSN MBA

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