

Anesthesia billing: Knowing your worth

CRIMA

Jeffrey E. Molter CRNA MSN MBA jeffmolter@me.com



AANA Journal Course

Update for Nurse Anesthetists

Transversus Abdominis Plane (TAP) Blocks

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

🚱 🗪 🎊

Food

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 tech-

technique. There are 3 sing the TAP: subcostal, iohypogastric. The disd the extent of sensory of the surgical procedure. Overall, TAP blocks red postoperative pain and op

in fewer side effects suc respiratory depression, a should examine which ty ume of local anesthetics a

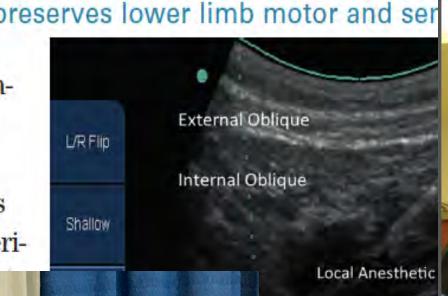
Keywords: Hydrodissec



TAP Blocks for Abdominal Sur

This nerve block preserves lower limb motor and ser

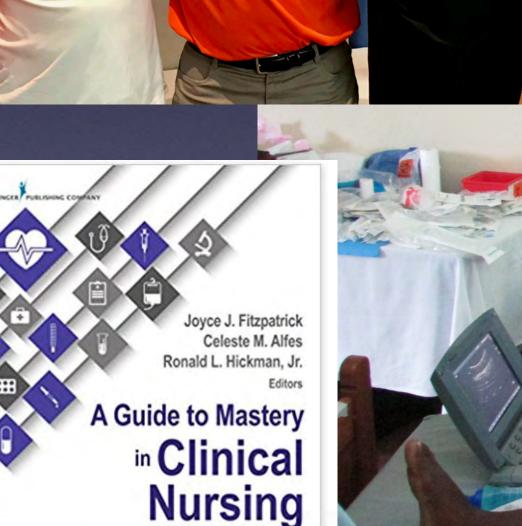
relatively new peripheral nerve block that anesthetizes the nerves supplying the anteri-





Advancing patient safety and excellence in anesthesia





The Comprehensive Reference





Paper

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Healthiikui

Block Buddy

Phone

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)

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1821080243

JEFFREY MOLTER



1709 MEDICAL BLVD FINDLAY, OH 45840-1398

419-429-0409

Nurse Anesthetist, Certified R...

1326258633

JEFFREY MOLTER

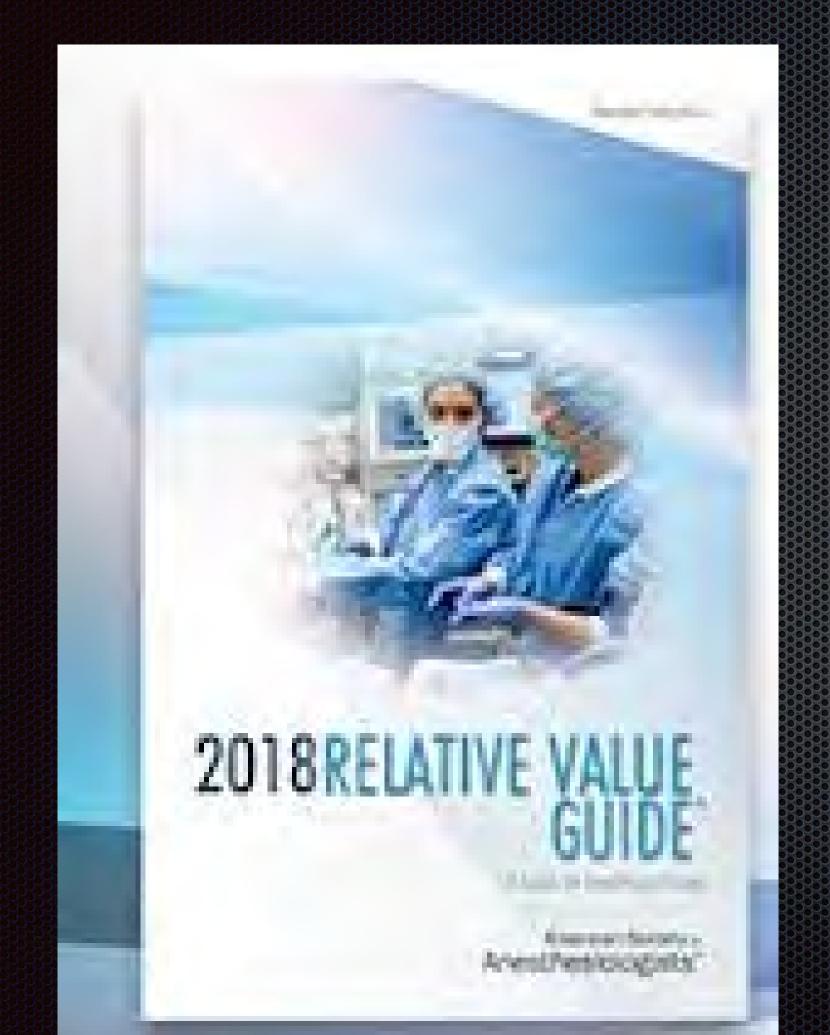


6955 W TESCH AVE MILWAUKEE, WI 53220-2417

414-475-8126

Psychologist

(Base units + Time units + modifier units)



COMMON PROCEDURES	base units
tympanotomy	4
laparoscopic choleycystectomy	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	
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.

MODIFIERS	units
age <1 or >70	
physical status III	
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	what we bill
5		12	2		\$52		\$988	private payor
5		12	0		\$22		\$374	medicare
5		12	0		\$16		\$272	medicaid

<u>cpt</u>	PNB FOR POST OP PAIN RELIEF	billed	paid
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

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CMS 1500/HICFA form/837p

HEALTH INSURANCE CLAIM FORM

ANTHEM BLUE CROSS BLUE SHIELD

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		YES X NO If yes, complete items 9, 9a and 9d.	
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12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize to process this claim. I also request payment of government benefit	the release of any medical or other information necessary ts either to myself or to the party who accepts assignment	payment of medical benefits to the undersigned physician or supplier for services described below.	
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Models of delivery/coding

NA

Nurse Anesthesiologist QZ



100%

Physician Anesthesiologist La AA





Solo Practice Model









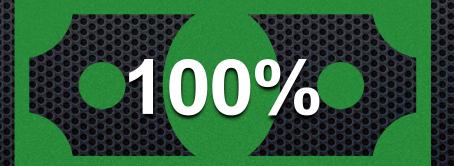
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Soo Practice Model









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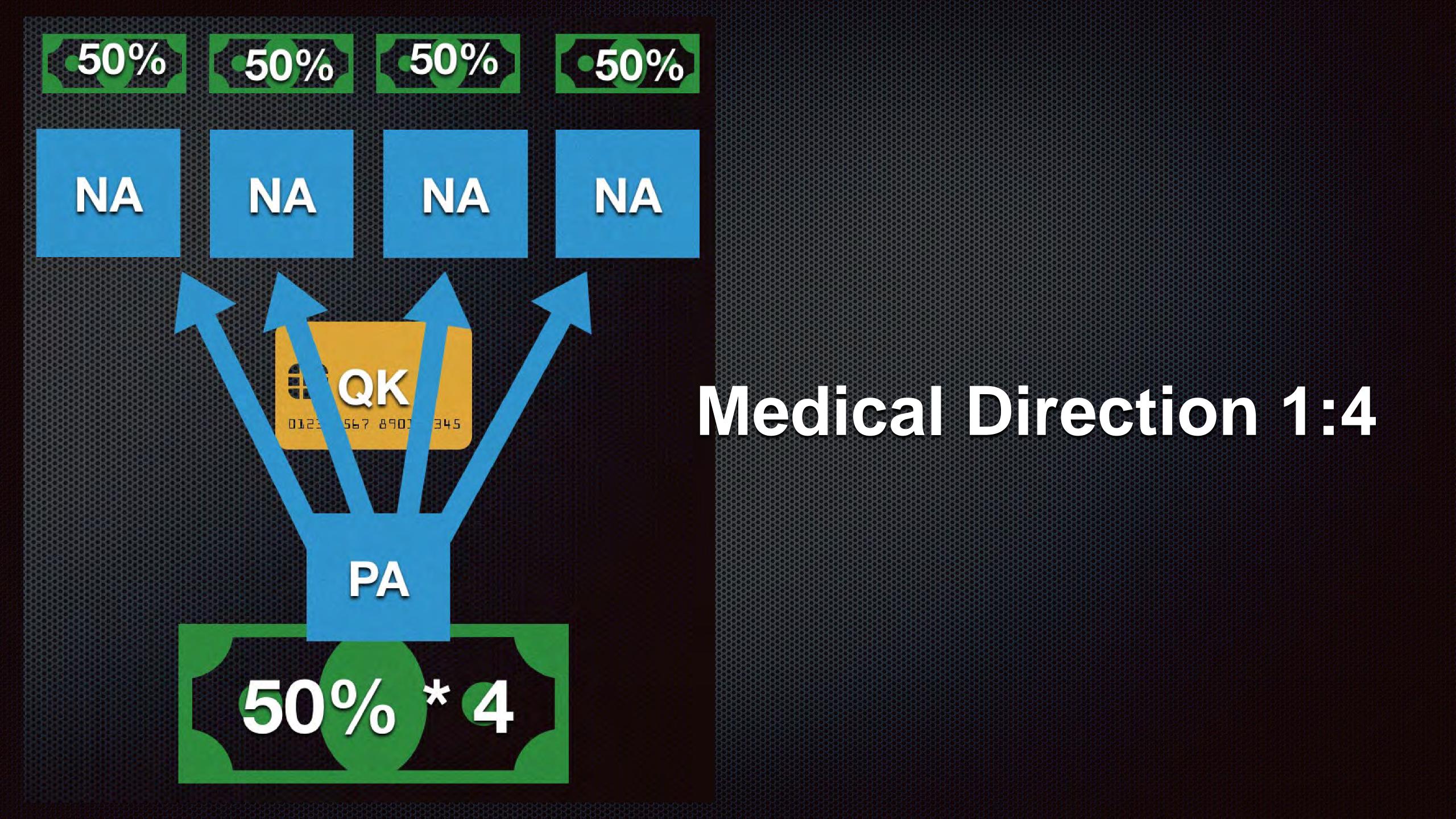
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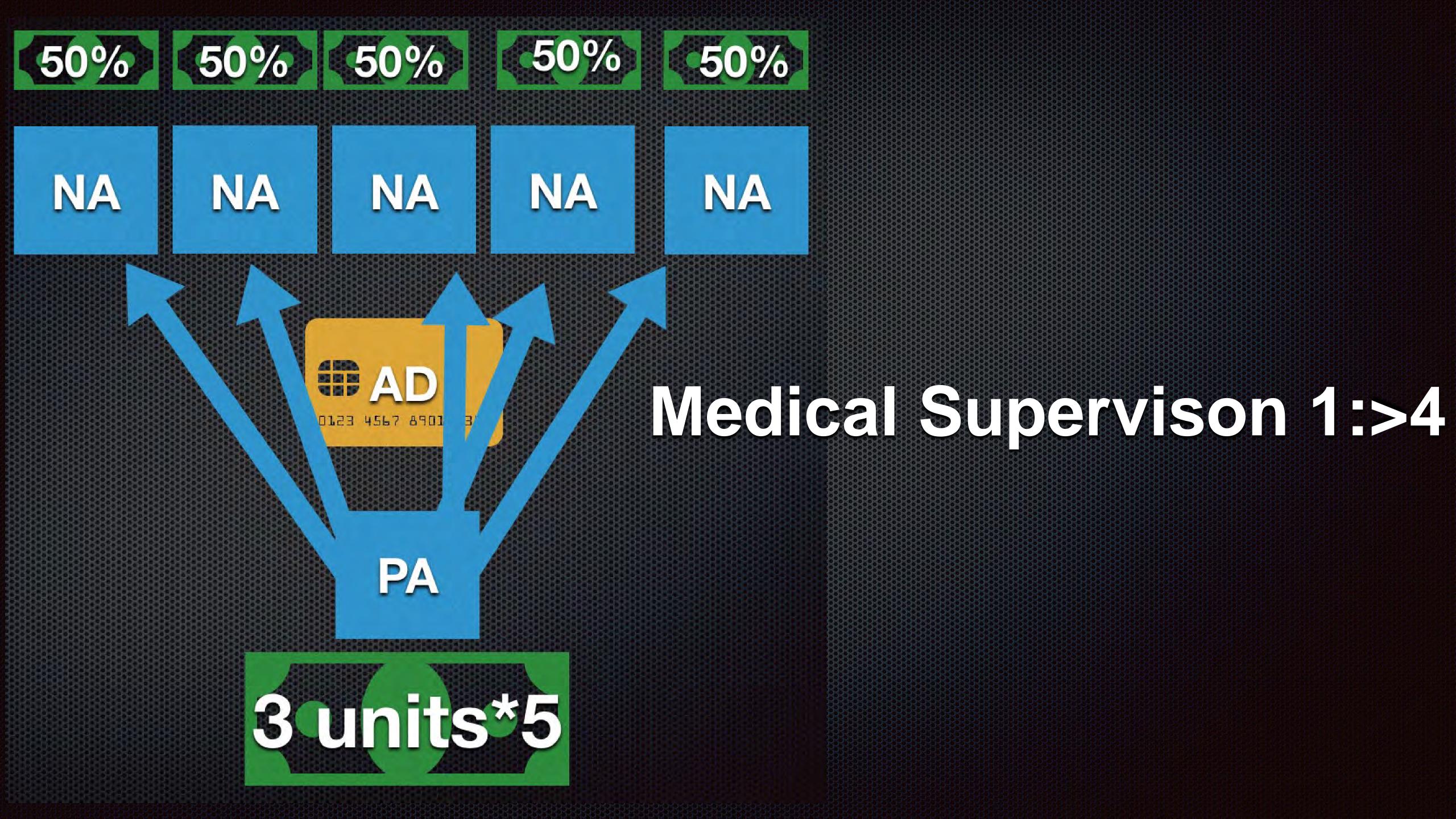
- Prescribe anethesia plan
- Personally participate in most demanding procedures of anesthesia plan

- 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

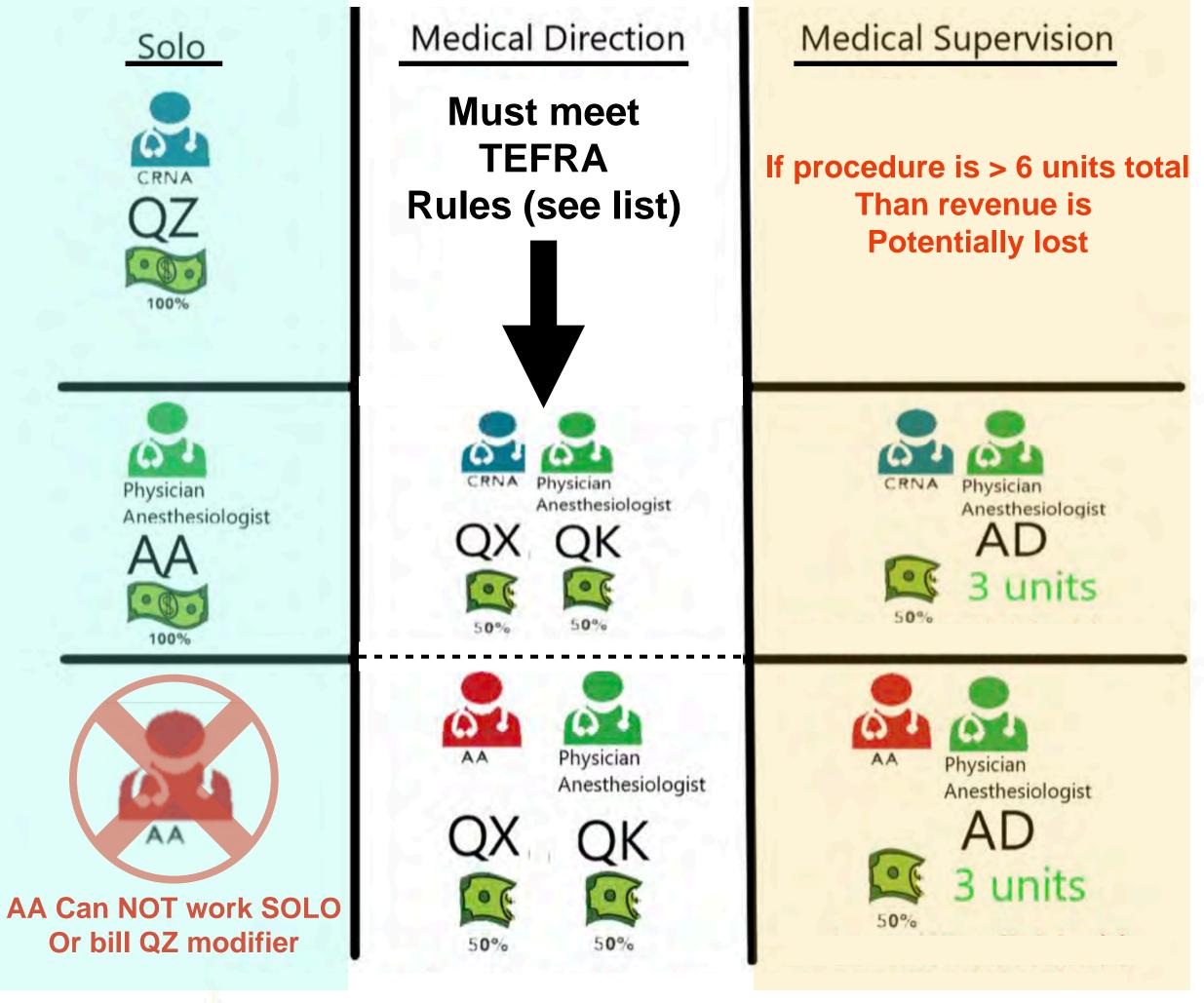
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Medical Direction 1:2





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



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

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

Non Medically Directed

NA

\$425,000

\$425,000

NA



NA

\$425,000

\$425,000

NA

Medical Direction

NA

\$212,500

\$212,500

NA



NA

\$212,500

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NA

Medical Direction 1:2



\$425,000

PA

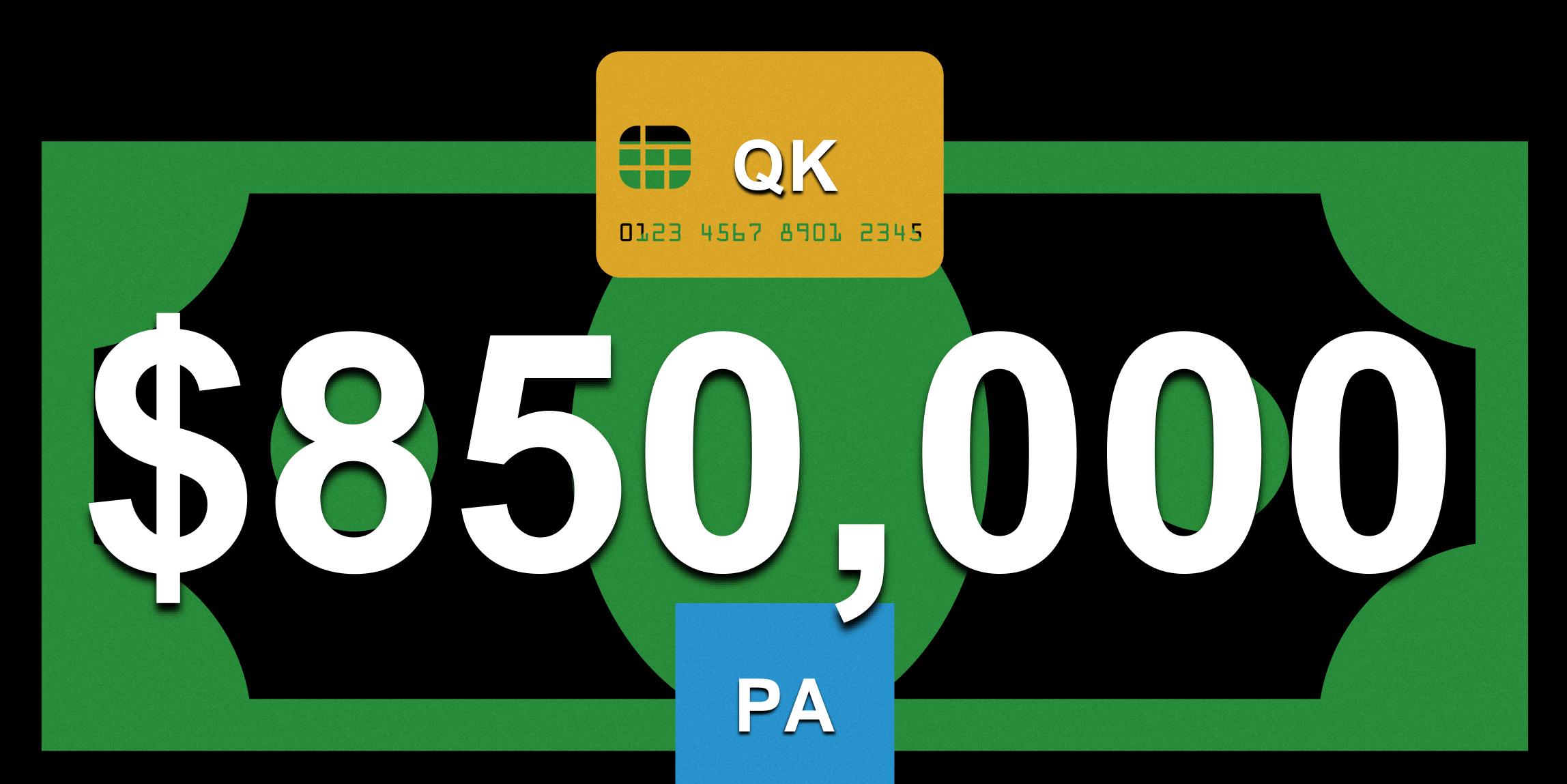
Medical Direction 1:3



\$637,500

PA

Medical Direction 1:4



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 list starts.

What This Article Tells Us That Is New

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- In a review of 1 yr of data from a tertiary hospital, lapses occurred community during must ease starts even with a 1:2
- 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.

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

Stanley W. Stead, M.D., M.B.A., Chair Committee Committees

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Efficiency-driven Anesthesia Modeling (EDAM)

The American Association of Nurse Anesthesiology recently developed Efficiencydriven 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



Anesthesia billing: Knowing your worth

Jeffrey E. Molter CRNA MSN MBA <u>ieffmolter@me.com</u>



